



Membership Form

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Phone 2: _____

Membership Categories

_____ Supporter \$100	_____ Patron \$500
_____ Affiliate (Under \$60)	_____ Sponsor \$150
_____ Associate \$60	_____ Benefactor \$250
	_____ Director's Circle \$1,000
	_____ President \$1,000+

Contribution Method

Amount \$ _____ Check # _____ Cash _____

Automatic Transfer (please contact the Backus office to set up ACH)

Credit Card: Visa _____ Master Card _____ Discover _____

Card # _____

3-digit code _____ Expiration Date _____

Total payment at once

Monthly payment: Please send monthly reminder _____

OFFICE USE ONLY: Membership Card _____ Card _____ Date _____ Vol _____

Citizens for Backus/AB Membership

As a 501(c)(3) non-profit corporation, your membership contribution is tax-deductible.

Please retain this lower portion for your records.

Date: _____ Amount Contributed \$ _____ Check # _____

Please return membership form to: Backus Community Center
900 5th Street
International Falls MN 56649