

Lake Wilderness Arboretum Foundation (LWAF) Membership Application

Please complete information below

First Name: _____ Last Name: _____
Title: _____
Business/Organization _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ (xxx-xxx-xxxx) Ext: _____
Alternate Phone _____ (xxx-xxx-xxxx) Ext _____
Email _____

Please indicate membership type

Yearly:

- | | |
|--|-------|
| <input type="checkbox"/> Full price Individual, Household, or Organization | \$30 |
| <input type="checkbox"/> Half price Individual, Household * | \$15 |
| <input type="checkbox"/> Free Individual or Household** | FREE |
| <input type="checkbox"/> Lifetime | \$500 |

* Accepting reduced fee indicates a pledge of 15 hours volunteer hours.

** Accepting free membership indicates a pledge of 30 volunteer hours.

Additional/optional donation

- | | |
|---|----------------|
| <input type="checkbox"/> Benefactor Level | \$1000 or more |
| <input type="checkbox"/> Steward Level | \$500 to \$999 |
| <input type="checkbox"/> Supporter Level | \$250 to \$499 |
| <input type="checkbox"/> Friend Level | \$100 to \$249 |
| <input type="checkbox"/> Other: I would like to donate \$_____ to LWAF. | |
- [Recognize me as a donor in the Arboretum newsletter](#) Yes No

**Make check payable to Lake Wilderness Arboretum Foundation and mail to:
LWAF; PO Box 72; Maple Valley, WA 98038**

Notes:

1. Membership expires yearly on December 31st
2. Membership started Sept through December will run through the end of the following year
3. This form is valid through 12/31/2010

Rev: 1/15/2010