

BCGS MEMBERSHIP FORM

Benefits of Membership include: Library use during open hours, book checkout privileges, newsletter as published and voting rights at business meetings.
If you have any questions please contact Mary Jo Miner at **541-753-4828**

NAME _____
(Please print - Indicate name desired on your name tag)

NAME(S) of other family members _____
(List only if family membership is desired)

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE # _____ **E-MAIL ADDRESS** _____

I would like to receive my newsletter by: _____ **E-mail**
I would like to receive my newsletter by: _____ **Regular mail (add \$5.00 to dues)**

New Membership _____ Renewal _____ **DUES ENCLOSED: Single/Family \$15**

Cash _____ Check No. _____ Date _____ Donation to BCGS _____

Return form with dues check to: BCGS, P.O. Box 1646, Philomath, OR 97370 or bring all to our next general meeting.

I am interested in volunteering to help in the society _____

Dues are due before January 15 each year.