



## FEBT MEMBERSHIP APPLICATION/RENEWAL

- Yes**, start my membership in **Friends of the East Broad Top** today.
- Please renew my membership in **Friends of the East Broad Top**. My membership number is \_\_\_\_\_ (if known)
- Please start a gift membership in **Friends of the East Broad Top** for the following:

Please use this space to tell us who the membership is for (you or your gift recipient):

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I've enclosed payment for the membership classification checked below:

- Regular (\$35\*)
- Family (\$45)
- Sustaining (\$100)
- Associate (\$150)
- Life (\$1000)
- Student/Senior (\$30\*)

Membership Dues:	
Please add a \$10 surcharge for non-US mailing addresses for classifications marked * above:	
Restoration Fund donation:	
<b>Total: (Payment enclosed)</b>	
Please send your completed membership form (and payment) to: <b>FEBT Membership Office c/o Peter A. Clarke 10428 Carlyn Ridge Road Damascus, MD 20872</b>	

Please do not send cash in the mail.

Please make all checks or money orders payable to **Friends of the East Broad Top**. Payment in US funds only please.

If this is a gift membership, please use this space to provide us with your name and complete mailing address.

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_