



**Arizona Field Ornithologists
Membership Form**

Members enjoy participation in AZFO field expeditions, workshops, annual meetings and other activities.

Enclosed is payment for yearly dues (membership is for a 12 month period starting with month when payment is made):

_____ \$25 Regular _____ \$15 Student _____ \$35 Family*
_____ \$35 Organization (Museums, Libraries, Universities, etc.)
_____ \$500 Lifetime Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

*If signing up for a Family membership, please provide names of additional family members:

1. Name: _____

Email Address: _____

2. Name: _____

Email Address: _____

3. Name: _____

Email Address: _____

Send completed form and tax-deductible membership payment to:

AZFO, c/o Diana Herron, Treasurer, 5100 N. Wildrose Trail, Flagstaff, AZ 86001