

**Midlands Master Naturalist Association Membership Form 2019**

	Name	Email	SCMNA Program Location	Graduation Year
1)				
2)				

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name 1 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name 2 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Individuals Joining/ Renewing	Dues	Amount Due
	X\$15	
	X\$7.50 (Intern Membership)	
		Total:

Please make checks payable to **Midlands Master Naturalist Association**.

**Paid by:**      **Cash** \_\_\_\_\_ **(Amount)**      **Check** \_\_\_\_\_ **(Check # Please!)**

**Donation Amount Included:** \_\_\_\_\_

**Bring your check and form to a meeting or mail to:**

**Midlands Master Naturalist Association**  
**c/o SCWF**  
**215 Pickens Street**  
**Columbia, SC 29205**

**Please renew by 2/1/19.**

*NOTE: Intern Membership is available to new Master Naturalists in their graduation year.*