



## Membership Form

ONE YEAR MEMBERSHIP FEE:  INDIVIDUAL \$55.00  FAMILY \$105.00  
 RENEWAL  BUSINESS \$250.00  NONPROFIT \$150.00

Name(s) \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Email Address(es) \_\_\_\_\_

**If your employer has a matching gifts program, please include a form with your donation.**

Additional donation amount \$ \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Enclosed is my check, payable to **Bucks Beautiful** for the amount of \$ \_\_\_\_\_

Please charge my Credit Card  Visa  Mastercard  Discover  Amex  
Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ CCV \_\_\_\_\_

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Pay Online: <https://www.bucksbeautiful.org/membership/> or mail completed form:

**Bucks Beautiful**  
85 E. State Street  
Doylestown, PA 18901  
215-340-3639  
[www.bucksbeautiful.org](http://www.bucksbeautiful.org)

