

# Nonprofit Organization Membership Registration Form

Please fill out this form to register or renew your membership. You can print this page and submit it to our organization.

## Personal Information

First Name:

Last Name:

Email Address:

Phone Number:

Street Address:

City:

State / Province:

Postal / Zip Code:

## Membership Details

Membership Level (e.g., Individual, Family, Student, Lifetime):

Are you interested in volunteering? (Yes / No):

Areas of Interest / Skills:

## Payment & Donation

Membership Fee / Additional Donation Amount (\$):

Payment Method (e.g., Cash, Check, Credit Card):

## Authorization & Signature

Signature (Write or sign here after printing):

Date:

