

# Mail-in KRWA Membership Form

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

Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

Number of Household Members: \_\_\_\_\_

## Family membership levels:

- \$25 Bronze
- \$50 Silver
- \$75 Gold
- \$100 Platinum
- Other \$: \_\_\_\_\_

## Make check payable to KRWA addressed to:

KRWA Membership  
PO Box 506  
Kawkawlin, MI. 48631-0506