

Preserve Richmond, Inc.



To become a member of Preserve Richmond, Inc., please fill out the following information:

Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ ZipCode: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I want to be a member at the following level:

- | | |
|------------------|-------------|
| _____ Individual | \$15 |
| _____ Family | \$20 |
| _____ Sustaining | \$25 and up |
| _____ Corporate | \$35 and up |

Send this form, along with your dues to :

Preserve Richmond, Inc.
P.O. Box 1873
Richmond, Indiana 47374-1873