
JOIN AUDUBON  MEMBERSHIP APPLICATION

There are two ways to join Audubon Everglades:

**FRIENDS OF AUDUBON EVERGLADES MEMBERSHIP:**
All your membership dues and contributions are put to use supporting local conservation projects and educational programs in Palm Beach County. You will receive 12 issues of the Kite newsletter, priority for some special trips and discounted rates at some events and vendors. Join using the PayPal link off our website or by mailing the attached membership application. The Audubon Everglades Kite newsletter is available by email only.

**NATIONAL AUDUBON SOCIETY MEMBERSHIP:**
includes membership in Florida Audubon and Audubon Everglades plus one year of the Audubon magazine. [Join online here](#).

Your NAS membership does not grant you the special privileges and discounts available to members of Friends of Audubon Everglades. If you choose to join us through National Audubon Society, please also consider becoming a Friend of Audubon Everglades to support local conservation and education initiatives.

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Yes, I want to become a member of FRIENDS OF AUDUBON EVERGLADES
Join now using PayPal. Go to [AudubonEverglades.org/membership](http://AudubonEverglades.org/membership) to complete the application.

Or, complete this form and mail your check to: Audubon Society of the Everglades, PO Box 16914, West Palm Beach, Florida 33469-6914 (make checks payable to Audubon Society of the Everglades)

Please check one:  
☐ $25 (Single)      ☐ $20 (Student)      ☐ $20 (Senior)      ☐ $35 (Household)    ☐ $75 (Patron)

Please feel free to give above the membership amount with a contribution of $___________________

☐ New Member    ☐ Renewal

Name ____________________________________________________________

Email ___________________________________________________________

Phone ___________________________________________________________

Address _________________________________________________________

City ____________________________________________________________

State ___________________________ ZIP ______________________

*If you selected Household or Patron Membership, please provide the names of all members living at the same address. (2 adults and children under age 18)

Household/Patron Additional Names __________________________________

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