



# MEMBER & SUPPORTER FORM

## Primary Membership Contact

Date \_\_\_\_\_

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

Title \_\_\_\_\_ Organization \_\_\_\_\_

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Membership Categories (Choose one)

Organization Member Organization Members are non-profit organizations and government agencies who acquire, manage, and provide resources to land.

Organization Supporter Organization Supporters are non-profit organizations who provide services to, connect people to, advocate for, and otherwise support the protection of land.

Business Supporter (choose one)  1  2  3-5  6-9  10+ Employees

Individual Supporter

Young Professional Supporter

## Annual Dues Scales

Organizations		Businesses		Individuals	Young Professionals
Annual Expenses	Dues	# of Employees receiving benefits	Dues	\$250 or more OR \$21 or more a month	\$25 - \$50 sliding scale
Under \$100,000	\$250	1 Employee	\$500		
\$100,001-\$250,000	\$500	2 Employees	\$1,000		
\$250,001-\$500,000	\$1,000	3-5 Employees	\$2,000		
\$500,001-\$1,000,000	\$2,500	6-9 Employees	\$4,000		
\$1,000,001-\$2,500,000	\$3,500	10+ Employees	\$5,000		
\$2,500,001+	\$5,000				

## Secondary Contacts (for Organizations and Businesses only)

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

In addition to the Primary Contact, Secondary Contacts will receive all electronic communications selected in the benefit preferences. If more than 5 Contacts please write on backside of this form in the notes section.

## Benefit Preferences

Please check off all benefits that you would like to receive based on what program you are signing up for.

Organizations and Businesses	Individuals
<input type="checkbox"/> Subscription to Bay Nature Magazine (will be sent to Primary Contact) <input type="checkbox"/> Subscription to BAOSC's "The Loop" monthly e-newsletter <input type="checkbox"/> Subscription to the BAOSC Blog <input type="checkbox"/> Subscription to The Conservation Lands Network Blog	<input type="checkbox"/> Yes, please extended all benefits to me. I know that the fair market value of goods and services (\$199.95) is non-tax deductible.  OR <input type="checkbox"/> No benefits please. I would like 100% of my contribution to be considered a charitable donation.

## Recognition (for Individual Supporters) (Choose one)

I want to be recognized in your publications as: \_\_\_\_\_

I want to remain an anonymous donor.

## Payment Information (Choose one)

This is a one-time gift/dues payment of the following amount: \_\_\_\_\_

I'm an individual and would like to give monthly the following amount (\$21 or more qualifies to become an Individual Supporter): \_\_\_\_\_

## Credit Card

Amount: \_\_\_\_\_

Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

## Pay by Check

Please make your check out to "Bay Area Open Space Council" and send along with this form to:

Bay Area Open Space Council  
2150 Allston Way, Suite 320  
Berkeley, CA 94704

## Questions

Contact Melanie Hogan, Development Director at [melanie@openspacecouncil.org](mailto:melanie@openspacecouncil.org) or (510) 809-8009 x252

**Notes** (Tell us your favorite Bay Area park, trail, farm, or ranch.)