



Membership Form

Name: _____ Job Title: _____

Company/Organization/Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Spouse and Preferred Telephone: _____
or Children: _____

National Week of the Ocean Membership

- | | | |
|---|---|---|
| <input type="checkbox"/> Youth (\$10) | <input type="checkbox"/> Family/Dual (\$30) | <input type="checkbox"/> Benefactor (\$100) |
| <input type="checkbox"/> Educator or Student (\$15) | <input type="checkbox"/> Educational/Non-profit (\$30) | <input type="checkbox"/> Corporate (\$250) |
| <input type="checkbox"/> Senior, 60 & Up (\$15) | <input type="checkbox"/> Small Business, 1-10 Emp. (\$30) | <input type="checkbox"/> Patron (\$500) |
| <input type="checkbox"/> Individual (\$20) | <input type="checkbox"/> Sponsor (\$50) | <input type="checkbox"/> Lifetime (\$1,000) |
| <input type="checkbox"/> Sea Stars, "Young Professionals", Ages 21-35 (\$20) <input type="checkbox"/> Krewe of Neptune (\$25) | | |

Sponsor a Reef Critter

Includes 8 x 10 photo (\$20) each or (\$30) Includes six-month membership option

- | | | | | |
|--|--|-------------------------------------|---|---|
| <input type="checkbox"/> Queen Angelfish | <input type="checkbox"/> Swimming Crab | <input type="checkbox"/> Loggerhead | <input type="checkbox"/> High Hat | <input type="checkbox"/> Spotted Goatfish |
| <input type="checkbox"/> Foureye Butterflyfish | <input type="checkbox"/> The Nurse Shark | <input type="checkbox"/> Damselfish | <input type="checkbox"/> The French Grunt | <input type="checkbox"/> Smooth Trunkfish |



MAKE CHECKS PAYABLE TO:

Week of the Ocean and mail to: National Week of the Ocean
P.O. Box 179, Fort Lauderdale, Florida 33302