



Chincoteague Natural History Association Membership Application & Renewal Form

Name: _____
(Please Print) First MI Last

Address: _____
Street or P. O. Box Number

City, State, Zip: _____
City State Zip

Membership Category:
(Please Select One)

_____ **Individual (\$15.00)**

_____ **Family (\$25.00)**

_____ **Contributing (\$50.00+)**

_____ **Benefactor (\$200.00+)**

_____ **Lifetime (\$500.00+)**

_____ **I have enclosed a check** (Make payable to CNHA)

Or, please charge my: **MasterCard** **Visa**

Print name as it appears on card: _____

VISA/MC Card # _____

Expiration Date _____

Signature: _____

Phone: _____

Email Address: _____

When completed, mail form to:
CNHA
P. O. Box 917
Chincoteague, VA 23336