



Springfield Audubon Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ Email: _____

Please make check payable to "Illinois Audubon Society" or fill out your credit card information below.

Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

Please circle membership (SAS membership includes membership to Illinois Audubon Society)

Student.....\$14

Individual.....\$30

Family.....\$37

**Please return to:
Illinois Audubon Society
P.O. Box 2547
Springfield, IL 62708**