**KBRP MEMBERSHIP ENROLLMENT FORM**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership**:

□ $25 First-Time Member; □ $40 Individual Member; □ $70 Household Member;

□ $96.10 Frequency Member; □ $120 Charter Member; □ $240 Benefactor;

□ $365 Dollar-A-Day; □ Other: $\_\_\_\_\_\_\_

**Name**: (Please write legibly):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Membership** (or above)**, Name 2**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we thank you by name on-air**?

□ No I would rather remain anonymous

□ Yes

**Payment**:

□ Cash; □ Check; □ Card \_\_\_\_\_\_\_\_\_\_, Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Exp.\_\_\_\_\_\_\_\_, Security code \_\_\_\_\_

**Would you like to make a monthly sustaining donation**?

□ Automatic check withdrawal:

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Router Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Card \_\_\_\_\_\_, Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Exp.\_\_\_\_\_\_\_\_, Security code \_\_\_\_\_

**Send me announcements about KBRP and the Bisbee Royale**?

□ No; □ Yes, E-mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use:** □ Payment processed. □ Membership entered in member database.

□ Email entered in contacts. □ Thank you note sent.