



MEMBERSHIP APPLICATION

Name: _____

Spouse: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Please Select your Membership Type:

- Individual.....\$30
- Family.....\$40
- Sponsor.....\$100
- Patron.....\$150
- Benefactor.....\$250
- Business.....\$300
- Business Sponsor.....\$1000

Amount Enclosed: _____

Check Enclosed

Charge my: Visa Mastercard

Card Number: _____

Expiration Date: _____

Payment Enclosed

Please make your tax-deductible check payable to:

NLTHS

PO Box 6141

Tahoe City, CA 96145

Yes, I am interested in volunteer opportunities.

Please send me a volunteer packet.