

MEMBERSHIP APPLICATION

YES! I/We are interested in supporting the Mountains Restoration Trust in its mission to preserve, protect and enhance. All members are for a 12-month period and renewable annually.

Mr. & Mrs. Mr. Ms. Dr.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Please check one:

- | | |
|--|-------------------------|
| <input type="checkbox"/> Senior/Student | \$ 25. ⁰⁰ |
| <input type="checkbox"/> Individual Member | \$ 35. ⁰⁰ |
| <input type="checkbox"/> Family Membership | \$ 45. ⁰⁰ |
| <input type="checkbox"/> Steward | \$ 100. ⁰⁰ |
| <input type="checkbox"/> Guardian | \$ 250. ⁰⁰ |
| <input type="checkbox"/> Benefactor | \$ 500. ⁰⁰ |
| <input type="checkbox"/> Guarantor | \$ 1,000. ⁰⁰ |

Please check one:

Check VISA MasterCard

Card Number: _____

Expiration Date: _____

Name on Card: _____

If you are using a credit card and would like to fax in your membership, please fax to:

Membership Department
Mountains Restoration Trust
(818) 591-1701

If you want to mail-in your membership, please send your check and information to:

Membership Department
Mountains Restoration Trust
3815 Old Topanga Canyon Road
Calabasas, California 91302