SOUTHERN OCEAN BIRDING GROUP
MEMBERSHIP APPLICATION

First Name(s) _____ Last Name _____

Street Address 1 _____ Street Address 2 _____

City _____ State _____ Zip Code _____

Phone _(_____)_____ E-mail Address _____

Cell Phone _(_____)_____ Date _____

New Member? _____ Renewal?_____

ANNUAL MEMBERSHIP LEVEL:

_____ Single Membership: $25

_____ Couple Membership $40

_____ Student Membership (FULL-TIME STUDENTS No Charge for Membership)

Cash_____ Check Number_____

Are you interested in joining a committee? _____Yes _____No

How did you hear about us? _____

Mail to: Membership Chair, Jeanine Apgar, 206 N. Frankfurt Ave., Egg Harbor City, NJ 08215 .