

**Community Partners**  
**Business Membership Program**

## Membership Enrollment Form

By participating in the **Community Partners** program, you will provide many great benefits to your employees, and vital support for our efforts to protect wildlife and wild lands, locally and across Massachusetts.

### TO ENROLL

Please complete and return the enrollment form below, or contact your local Mass Audubon Wildlife Sanctuary directly to enroll, or to arrange an introductory visit.

When your enrollment form and membership dues are received, we'll send your Welcome Packet, including admission cards and passes, employee membership sign-up forms, promotional materials to inform your employees of the benefits they'll enjoy, and more (refer to Community Partners Membership Levels and Benefits PDF available on our website).

### QUESTIONS

For questions or additional information, please contact your local Mass Audubon wildlife sanctuary, or call Member Services at 781-259-9500 or email [membership@massaudubon.org](mailto:membership@massaudubon.org).

Thank you for your generous support and welcome to Mass Audubon's **Community Partners** Program!

## Yes! We would like to become Mass Audubon *Community Partners*!

### Please provide the following information:

Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Please choose your membership level below:

Grassland \$500                       Woodland \$1,000  
 Upland \$2,500                       Summit \$5,000

Check payable to Mass Audubon is enclosed  
 Please charge the following (MC, Visa, Discover):  
 Name: \_\_\_\_\_  
 Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Billing Address (if different from business address):

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Note: A 20% discount on all levels is available for 501(c)(3) nonprofits.

For Sanctuary Use

Sanctuary: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_