Membership:

____ I/we are enclosing $5 for student membership Roy Chapman Andrews Society membership.

____ I/we are enclosing $20 for individual membership Roy Chapman Andrews Society membership.

____ I/we are enclosing $25 for family membership Roy Chapman Andrews Society membership.

____ I/we are enclosing $100 for Explorer level Roy Chapman Andrews Society membership.

____ The Roy Chapman Andrews Society is a 501(c)(3) approved organization. I/we support the Society with an additional tax deductible donation of [$_________]

____ I/we are enclosing [$_________] to support the Society’s student programs.

____ I/we are interested in volunteering to help RCAS encourage and recognize the discovery and adventure of scientific exploration in the spirit of Roy Chapman Andrews. Please contact us about volunteer opportunities.

Your Information:

Name: ___________________________________________________________

If student, please let us know what grade level: _______________________

Business Name (if applicable): _________________________________

Address: __________________________________________________________________________

City: __________________________ State: _____ Zip: __________

Phone: ___________________ Email: __________________________________

Payment:

The Roy Chapman Andrews Society is a 501 (c) (3) not-for-profit corporation. For contributions/donations in excess of any value of property or services, your payment is considered a tax-deductible donation for federal tax purposes. Please retain a copy of this letter for your tax records. Please make check payable to: The Roy Chapman Andrews Society. Mail this completed form along with payment to:

Roy Chapman Andrews Society
3311 Prairie Ave. #49
Beloit, WI 53511 USA

Questions: info@roychapmanandrewssociety.org