

# Subscription / Membership Form

*Mail to: AOF, PO Box 15182, Sacramento CA 95851-0182 (Attn: Membership)*

Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_

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E-mail address (please print!) \_\_\_\_\_

*E-mail is required for newsletter delivery.*

Questions, concerns? Call AOF, 916-304-3796.

## **Your Membership Level (annual, please circle):**

Patron (\$50) Family (\$30) Individual (\$20) Low-income (\$10)

**Basic Dues** : \$ \_\_\_\_\_

**Additional Donation** : \$ \_\_\_\_\_

**Total enclosed** : \$ \_\_\_\_\_

Please check here if you do NOT want your name on lists occasionally provided to groups similar to AOF.

Please check here if you DO want to be an AOF Activist (e-mail address required).

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