



MEMBERSHIP FORM

Date: _____

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____ - _____

E-mail: _____

LEGACY

LAND CONSERVANCY

P.O. BOX 2372
ALBANY, OR
97321-0618

Phone:
541-327-3427

E-mail:
info@
legacylandconservancy.net

Website:
www.legacylandconservancy.net

BOARD OF DIRECTORS

TOM SANDERSON
President

NANCY GILMORE
Secretary

TIM ACKER
Treasurer

KAREN TRESSLER

SU ALEXANDER

RUDY BRANTNER

Yes, I'd like to join Legacy

- Basic Membership \$35/year**
- Friend of Legacy \$100/year**
- Steward \$500/year**

Yes, I'd like to make a donation to Legacy

- \$25**
- \$50**
- \$100**
- Other \$_____**

Yes, I'd like to get involved

- Restoration project volunteer**
- Nursery volunteer**
- I'd like to help sew pillowcases**

Anything else you'd like to tell us about yourself...
