



## Membership Application

RENEWAL

NEW SUBSCRIPTION

Check one:

INDIVIDUAL MEMBERSHIP: \$25 PER YEAR

FAMILY MEMBERSHIP: \$35 PER YEAR

Name of spouse or partner: \_\_\_\_\_

Children (under 18 yrs. of age): \_\_\_\_\_

STUDENT MEMBERSHIP: \$20 PER YEAR

Name of School: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CO Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Interest: \_\_\_\_\_

Special Skill (i.e. Science Background, Computer Science, Languages, etc.): \_\_\_\_\_

Referred to MUFON by: \_\_\_\_\_

I would be willing to volunteer help:

A single event

An office/administrative duty

Other

### Please mail form & dues to:

Colorado MUFON

P.O. Box 200182

Evans, CO 80620

Phone: (720) 641-7705

Website: [www.comufon.org](http://www.comufon.org)

COMUFON USE ONLY

Check #

Cash

Money Order

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_