



Membership Form:

Title: Dr. Mr. Mrs. Ms.

Name: _____

Mailing Address: _____

City, State, Zip _____

Phones: Primary: _____
(Circle one) Home Business Cell

Alternate: _____
(Circle one) Home Business Cell

E-mail: _____
e-mail will be our primary communication medium to keep our costs low

Member Business _____
If you would like your business listed as a BWAM Sponsor \$100 and above

Primary Concern: Cycling Walking Equal

Membership level:

- \$10 Living Lite/Student Membership
- \$25 Individual Member
- \$35 Family Membership
- \$50 BWAM BAM Member
- \$100 BWAM SLAM Member
- \$250 Founding Member

Please list affiliate members for \$35 Memberships and above:

Please contact me to help on events, projects, advocacy or communications. Your time is important to us.

My special talents include: _____

Mail to: BWAM, P.O. Box 8881, Missoula, MT 59807 or join online at bikewalkmissoula.org
Contributions to BWAM are tax deductible.