



Membership Application

To become a member or renew your membership, please complete the following. When completed, mail this application and your check to:

Forest Stewardship Foundation

P.O. Box 1056

Libby, MT 59923-1056

Please Print

Name: _____

Street Address: _____

Address line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

Email: _____

Membership Type: (Check One)

- Individual Family..... \$ 25.00
- Supporting..... \$ 100.00
- Business..... \$ 50.00
- Sustaining..... \$ 250.00
- Lifetime..... \$ 500.00
- Donation..... \$ _____

I am a... (Check all that applies)

- Workshop Graduate
- Non Industrial Private Forest (NIPF) owner
- Logger
- NR Professional
- Other

I would be willing to help the Foundation as a: Director Volunteer

If volunteering, how would you like to help?: _____

Additional Contributions:

Your generous support will be used 100% for Montana Forest Stewardship Foundation actions.

Total Amount Submitted: \$ _____ (please include check with this application)

My special stewardship interest is: _____

*Thank you for submitting your application for
Montana Forest Stewardship Foundation membership*