



**BCWRT Membership Form**  
New Membership and Renewal form  
Annual Membership dues: \$25 (individual or family)  
Guest fees: \$10 per individual for a meeting

Mail to: BCWRT, P.O. Box 10161, Southport, NC 28461

Check Membership: New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Guest: \_\_\_\_\_

Check Type of Membership: Single: \_\_\_\_\_ Family: \_\_\_\_\_

**Please Print**

Name #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Date: \_\_\_\_\_