



**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: \_\_\_\_\_

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

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

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

**Volunteering: Are you open to volunteering to help the BCWRT: Yes No**

**How did you learn about BCWRT(circle answer):** State Pilot, Wilm Star News, Beacon Newspaper, Rack Card, Brunswick Magazine, St. James Publication, Other

Amount Paid: _____	Check No. _____	Cash _____	Date: _____
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