



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)

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

Individual/Family \$ 25.00

Workshop graduate

Supporting \$100.00

Non Industrial Private Forest (NIPF) owner

Business \$ 50.00

Logger

Sustaining \$250.00

NR Professional

Donation \$_____

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*