

**Fayetteville Natural Heritage Association**  
**Membership/Renewal Form**

First Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

This is a \_\_\_\_ new membership

\_\_\_\_ renewal

Name as you would like it to appear on our membership roster

\_\_\_\_\_

Membership level

Heritage \$5000+ (lifetime)

Landmark \$1000 (lifetime)

Sustaining \$250

Supporting \$100

Family \$40

Single \$20

Would you care to volunteer your time/services to FNHA? \_\_\_\_\_

What is your area of interest/expertise? \_\_\_\_\_

We thank you and appreciate your for your support

**Fayetteville Natural Heritage Association**  
PO Box 3635, Fayetteville, AR 72702-3635