Lower Colorado River Basin Coalition (LCRBC) Membership Application

Please submit form at meetings, to an Officer or Executive Committee Member, or mail to: Lower Colorado River Basin Coalition (or LCRB Coalition), P.O. Box 768, Bay City, TX 77404. Enclose check or call (979) 245-8333 to use credit card, <u>OR</u> go to <u>www.waterdownstream.org</u> to join.

Member/Contact Info (Please Print Legibly) (* = required information)						
* Organization/Company/Public Entity/ Member Name:						
* Contact Person (if Organization/Company/Public Entity):						
* Maili	ng address:					
* City:			State:	Zip:		
* Dayti	me Phone: (including ar	ea code)				
* Mobi	le Phone: (including are	a code)				
* E-mail:						
Check	Membership Dues Cate	gory:				
Individ	ual					
	Bronze	\$25				
	Silver	\$50				
		\$100				
	Platinum (voting)	\$500 +				
Organi	zation/NGO (all voting)					
		\$100				
	Supporter	\$250				
	Partner	\$500				
	Business/Corporation (all voting)					
	Small business	7-00				
	0	\$250				
_	Corporate	\$500 \$1,000				
	Corporate Sponsor Gold Sponsor	\$1,000 \$2,500				
	Platinum Sponsor	\$2,500 \$5,000 +				
	Entity (all voting)	τ 000 , 00				
	Towns/Other	\$250				
	Cities/Counties	\$500				
	chies countes	4300				

□ Please notify me of all sign-on letters so I can respond if I wish to sign on.

□ Please notify me of all sign-on letters, but sign me on to all letters even if I cannot respond.

 \Box I would like to help.