



Conemaugh Valley Conservancy

Membership Form

Please complete and return by December 15, 2012.

**Mail to: CVC
P.O. Box 218
Johnstown PA 15907-0218**

Name _____ **Title** _____

Organization _____

Address _____

Phone _____ **Email** _____

Please include your email to receive our e-newsletter and annual report. Make checks payable to Conemaugh Valley Conservancy (IEN# 25-1756447).

If you are a new member, please tell us how you heard about CVC.

___ West Penn Trail user survey ___ West Penn Trail Facebook ___ Sojourn
___ Stream Team program ___ Stream Team volunteer ___ other (write in below)

Please indicate your membership level below. You can also designate an additional donation to your preferred program area.

___ \$ 500 Champion (includes web page sponsorship for businesses*)
___ \$ 250 Patron
___ \$ 100 Sponsor
___ \$ 50 Supporter
___ \$ 40 Family
___ \$ 25 Individual
+ \$ ___ Donation-Program area ___ Stream Team ___ West Penn Trail ___ General
\$ ___ Total

**for information about web sponsorships contact Laura Hawkins at (724)858-0463 or lhawkins32@zoominternet.net*

Thank you for your support.