



**Office use only**

- Check: # \_\_\_\_\_
- Cash

## Application for Membership

**Our Mission:** *To protect, restore, and perpetuate a healthy watershed through public education, watershed planning, communication, and cooperation among stakeholders.*

**Please complete this form and return it to:** Rocky River Watershed Council  
3311 Perkins Ave. Suite 100  
Cleveland, OH 44114

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

❖ **Annual Membership Dues (memberships are current through December):**

- |  |  |
|--|--|
| <input type="checkbox"/> Senior/Student - \$15 | <input type="checkbox"/> Non-profit/Gov. Agency - \$50 |
| <input type="checkbox"/> Individual - \$25     | <input type="checkbox"/> Business/Corporate - \$100    |
| <input type="checkbox"/> Family - \$30         | <input type="checkbox"/> Supporting - \$500            |

❖ **I would like to volunteer my time (please check the activities that interest you):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Water Quality Monitoring            | <input type="checkbox"/> Stream Cleanups | <input type="checkbox"/> Serve on a Committee of the RRWC |
| <input type="checkbox"/> Staffing the RRWC display at events | <input type="checkbox"/> Tree Planting   | <input type="checkbox"/> Join a RRWC Stream Team          |
| <input type="checkbox"/> Other (please specify): _____       |  |   |

❖ **I would like to make an additional contribution in the amount of: \$ \_\_\_\_\_**

(Cut and retain this portion for your records)



3311 Perkins Ave., Suite 100  
Cleveland, OH 44114  
myrockyriver.org

Membership level: \_\_\_\_\_ Additional contribution: \_\_\_\_\_

Amt. pd.: \$ \_\_\_\_\_  Cash  Check: # \_\_\_\_\_

New memberships paid for between January and September are current through December of current year.

New memberships paid for between October and December will be current through the following year.