2017 Annual Membership Form

Your membership supports the mission of our organization and allows you to register and participate in KBIA programs and activities. All membership registrations received by Sept. 1 will be included in the annual Membership Directory. The KBIA is a 501 (c) (3) not-for-profit Maine corporation, and all membership fees (excluding \$25 for memberships, which is not deductible) and contributions are tax-deductible to the extent provided by law. KBIA EIN 01-0267877.

SPONSOR MEMBERSHIP	\$1,055		
(guests who are not family members but are s	nbership Fee for eight weeks of 2017 KBIA program taying at your home). Also includes Sponsor Memb A, plus all the features of Patron, Supporting and F	per listing in 2017 Membership Dir	_
PATRON MEMBERSHIP All features of Supporting and Family Membersh	\$535 hips and a contribution to a KBIA scholarship, plus Patron Member listing in our 2017 Membership Directory.		
All features of the Family Membership and a cont Directory.	\$375 ribution of \$105 for enhancement of KBIA programs	s, plus Supporting Member listing in	our 2017 Membership
FAMILY MEMBERSHIP Enroll in all KBIA Programs (single household). Nour 2017 Membership Directory.	\$270 Name included on mailing list for all membership o	ommunications, plus contact infor	mation listed in
	\$200 Name included on mailing list for all membership c		
2017 Membership Directory. Year round Maine	residency is required, and proof, such as a Maine	Driver's license, may be required w	vith this membership.
□ I AM ONLY SIGNING UP FOR W	EEK 1 (JUNE 26-30), NO MEMBERS	HIP IS REQUIRED.	
Member Name:	Spouse Name:		
Member E-mail:	Spouse E-mail:		
Membership Level:	Membership Fee:		
	not include my information in the 2017 Me ted membership. Please fill out their conta		
Children or grandchildren of member usir	ng this membership:		
f joining as a Sponsor Member , please list n	ames of up to four houseguests using memb	ership (may be added later):	
WINTER CONTACT			
Mailing address:	City:	State:	At KBIA, we traditionally list
Zip: Phone:	Cell:		your WINTER ADDRESS in our
SUMMER CONTACT			annual Member-
Mailing address:	City:	State:	ship Directory. If you prefer to have
	Cell:		your SUMMER ADDRESS listed
PRIMARY CONTACT (for gift recipients)			instead, please check here.

Mailing address: _____ City: ____ State: _

Zip: _____ Phone: ____

_____ Cell: _____