

2022 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

Sponsor Membership includes the Family Membership Fee for eight weeks of 2022 KBIA programming, plus membership for four additional houseguests (guests who are not family members but are staying at your home). Also includes Sponsor Member listing in 2022 Membership Directory, and includes a \$250 donation to support scholarships at KBIA, plus all the features of Patron, Supporting and Family Memberships.

PATRON MEMBERSHIP \$535

All features of Supporting and Family Memberships and a contribution to a KBIA scholarship, plus Patron Member listing in our 2022 Membership Directory.

SUPPORTING MEMBERSHIP \$375

All features of the Family Membership and a contribution of \$105 for enhancement of KBIA programs, plus Supporting Member listing in our 2022 Membership Directory.

FAMILY MEMBERSHIP \$270

Enroll in all KBIA Programs (single household). Name included on mailing list for all membership communications, plus contact information listed in our 2022 Membership Directory.

LOCAL MEMBERSHIP \$200

Enroll in all KBIA Programs (single household). Name included on mailing list for all membership communications, plus contact information listed in our 2022 Membership Directory. Year round Maine residency is required, and proof, such as a Maine Driver's license, may be required with this membership.

I AM ONLY SIGNING UP FOR WEEK 1 (JUNE 27-JULY1), NO MEMBERSHIP IS REQUIRED. *Individual class fees apply.

Member Name: _____

Member E-mail: _____

Membership Level: _____

Check if
you are
a new
member

Spouse Name: _____

Spouse E-mail: _____

Membership Fee: _____

- Please **do not** include my information in the 2022 Membership Directory.
- This is a gifted membership. Please fill out their contact information below.

Children or grandchildren of **member**, who are also **staying with member**, using this membership: _____

If joining as a **Sponsor Member**, please list names of up to four houseguests using membership (may be added later): _____

WINTER CONTACT Check if this is a new address

Mailing address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____

SUMMER CONTACT Check if this is a new address

Mailing address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____

PRIMARY CONTACT (for gift recipients)

Mailing address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Cell: _____

At KBIA, we traditionally list your WINTER ADDRESS in our annual Membership Directory. If you prefer to have your SUMMER ADDRESS listed, please check here.



2022 Membership Payment Form

Your membership supports the mission of KBIA 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. Please note that KBIA memberships, once processed, are non-refundable.

In addition to my KBIA Membership, I would like to contribute

\$ ____ to support KBIA's scholarship fund

\$ ____ to support KBIA facilities

\$ ____ to support KBIA's general fund
wherever it is needed most

METHOD OF PAYMENT

Please total your membership fee and donation.

Total payment

\$

I am paying by: *Check #____ Credit Card

Payment must be in full at the time of registration; alternate payment plans may be available if needed.

Cash payments are only accepted during KBIA office hours.

Card Type: MasterCard Visa

Name on credit card: _____

Billing Address: _____


Card number: _____

Exp. Date: _____ CCV2 Code (last 3 digits on back of card): _____

*As a non-profit, we want to ensure that our resources are directed towards our programs. Payments by check support this effort by lowering our processing fees. Thank you for considering paying your balance by check.

Please print legibly • Please send form and payment to KBIA, PO Box 707, Kennebunk, ME 04043

Scheduling Worksheet

WEEK #:	DATES:				
	Monday	Tuesday	Wednesday	Thursday	Friday
8 am					
9 am					
10 am					
11 am					
12 pm					
1 pm					
2 pm					
3 pm					
4 pm					
5 pm					