



Membership and Donation Form

Please print, fill out, and send this membership form to join CCWHC and/or to make a donation to support our efforts.

Mail this completed form to:

CCWHC
P.O. Box 243
Lisbon, MD 21765-0243

Yes, I would like to become a Member of CCWHC. My \$15 annual membership fee is enclosed.

Yes, I would like to make a donation to support the efforts of CCWHC to conserve, preserve and protect rural Western Howard County.

I have enclosed my check for a CCWHC membership and/or donation in the amount of \$_____.

Thank you, and welcome to the CCWHC!

Name: _____

Address: _____

Email address: _____

Telephone: _____