



## Membership Form

As a member, you will receive a year's subscription to our newsletter, be given a scheduled visit of Raptor Rehabilitation of Kentucky, and be invited to special events. Donors at the Lifetime and Benefactors levels will be recognized on a plaque at the Rehabilitation Center.

### Annual Membership Categories

_____	\$15 Student	_____	\$100 Donor
_____	\$15 Senior Citizen	_____	\$500 Patron
_____	\$20 Individual	_____	\$1000 Benefactor
_____	\$25 Family	_____	\$1000+ Lifetime

\_\_\_\_\_  
Name

\_\_\_\_\_  
Spouse/Children (if selecting a family membership)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZipCode

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

**Please mail this order blank and your check payable to RROKI to:**

**Raptor Rehabilitation of Kentucky, Inc. PO Box 206186 Louisville, KY 40250-6186**

**Thank you for your membership! Your support allows our work to continue**

Raptor Rehabilitation of Kentucky, Inc -- <http://www.raptorrehab.org> -- 502-491-1939

