**KBRP MEMBERSHIP ENROLLMENT FORM**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership**:

□ $60 Individual/Household □ $96.10 Frequency Member □ $120 Charter Member;

□ $240 Benefactor □ $365 Dollar-A-Day □ Other: $\_\_\_\_\_\_\_

**Name**: (Please write legibly):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name 2 (household)**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_Zip:\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we thank you by name on-air**?

□ Yes □ No I would rather remain anonymous

**Payment**:

□ Cash □ Check □ Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp \_\_\_\_\_\_\_\_ Security code \_\_\_\_\_ Billing Zip code\_\_\_\_\_\_\_\_

Mail checks to: KBRP / PO Box 1501 / Bisbee, AZ 85603

**Would you like to make a monthly sustaining donation**?

□ Automatic check withdrawal:

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp \_\_\_\_\_\_\_\_ Security code \_\_\_\_\_

Billing Zip code \_\_\_\_\_\_\_\_

**Send me announcements about KBRP**?

□ No □ Yes, E-mail Address: