



Seabrook Island Birders Membership Form

(January 1 – December 31)

(Note: New members who join after October 1 will be members through the following December)

Name(s) _____

Email(s) _____

Cell Phone(s) _____

Local Address _____

Number of Memberships _____ @ \$15.00 per person Total Membership \$ _____

I want to make a gift to Seabrook Island Birders \$ _____ Total Included \$ _____

I would like to learn more about volunteering for the following SIB committee(s):

_____ Activities _____ Bluebird Monitoring _____ Communications

_____ Hospitality _____ Membership/Admin _____ Programs/Lectures

_____ Shorebird Steward _____ Board of Directors

PLEASE mail or drop off this form with your check, payable to SIB, to:

Seabrook Island Birders (SIB)
1202 Landfall Way
Seabrook Is. SC 29455
email: seabrookislandbirders@gmail.com