

OURS Through Adoption of Northeastern Wisconsin Membership Form

To become a member or renew your membership, just complete this form, attach a check or money order for \$25 for one year, made payable to OURS Through Adoption, and send to:

Holly Brick, Treasurer
1507 Day St.
Greenleaf, WI 54126

Please check:

_____ New member **OR** _____ Renewal member

_____ I would like most current newsletter

_____ I would like an agency listing

_____ Other information _____

I have enclosed an additional donation of \$ _____ to OURS
(OURS is a 501(c) (3) organization and donations are tax deductible)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Please update information on children, if applicable:

Name	Birthdate	Bio/Domestic/International	Country	Agency
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I/We would like to volunteer for:

_____ Board membership

_____ Event help

_____ Conference Committee

_____ Other