



## **Bear Creek Watershed Education Partners Membership Consent & Registration Form**

I, the undersigned, consent to become a member of the Bear Creek Education Partners. I understand that I may resign at any time by giving written notice to the coordinator. I further understand that I must register on an annual basis and inform the secretary in writing of any change in address. **Member dues are \$15.00 per year. Please return payment with this form.**

**I support the mission of the Bear Creek Watershed Education Partners to provide increased watershed education opportunities for Rogue Valley youth. To encourage educators, students, public agencies, organizations and community members to work together to protect, enhance and restore Bear Creek and neighboring Rogue Basin Watersheds.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment Enclosed: \_\_\_\_\_

**Please return the signed form to:**  
Bear Creek Watershed Education Partners  
Membership  
PO Box 751  
Ashland, OR 97520