



**CLEVELAND
NORML**

Membership Form

Please print your membership information legibly

Cleveland NORML
PO Box 670 Gates Mills OH
44040-0670
(216) 769 - 3504

Your privacy is very important to us. If you would like to avoid a particular method of contact, please note that below. Our ability to contact you is relevant not only to newsletters and informative updates, but for chapter elections and volunteer opportunities. Donations may be anonymous. Renewals take \$5 off!

Please Select Your Membership Level

Individual(\$25): _____ Family(\$35): _____ Student(\$15): _____ Donation: \$ _____
Renewal? Take \$5 off: _____

Name: _____

Address: _____

City/State/Zip: _____

Ok to Send Postal Mail? Yes _____ No _____

Ok to release information to National NORML for mailings? Yes _____ No _____

Phone: _____ **Ok to call/Leave Message?** Yes _____ No _____

Email: _____

Preferred method of contact? _____

Do you have any skills, interests or resources you would like to share?

