



# Partners of Scott County Watersheds Membership Application

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

*Name as you want it to appear on our website for membership recognition:*

\_\_\_\_\_

**Email:** \_\_\_\_\_

## Membership Type (please check one)

- Student- \$20                       Family- \$70  
 Individual- \$40                       Other Donation- \$\_\_\_\_\_

## Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

\_\_\_\_\_

## Payment

Checks are accepted via mail and can be made out to Partners of Scott County Watersheds, with the memo "Membership." Cash payments are accepted at the Davenport Public Works office, along with this form.

**For checks, send this form and payment to the following address:**

Partners of Scott County Watersheds  
1200 E 46<sup>th</sup> Street  
Davenport, IA 52807