



RAA Annual Membership

Name (s) of the individual or couple:

Please list the names and ages of children in your immediate family:

Address _____ Phone # _____

_____ E-Mail _____

Please designate your level of membership:

Selection	Level	Annual Membership
	Bravo	\$ 2,000
	Encore	\$ 1,000
	Benefactor	\$ 750
	Patron	\$ 500
	Platinum	\$ 250
	Gold	\$ 100
	Silver	\$ 50
	Member	\$ 25

Send this form with your check made payable to RAA Membership:

RAA Membership

P.O. Box 307

Batesville, IN 47006

Would you like to volunteer? Many volunteers are needed each year to make our programs successful.

Yes, I am willing to donate a few hours this year.