



MISSION: New Earth

Membership Form

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Membership Fee: \$50/1 year \$125/3 years

Check (Make check payable to: MISSION: New Earth)

Credit Card



Credit Card Number: _____

Expiration Date: mm/yyyy ____ / ____

CVV Number: _____

Mail to: MISSION: New Earth
P.O. Box 487
Allenspark, CO 80510

Please Do Not Send Cash