

Friends of Interstate Park - 2018 Membership Form

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Telephone: _____

E-mail: _____

Member Type/Level:

- Friend - \$10/yr
- Good Friend - \$25/yr
- Great Friend - \$50/yr
- Best Friend - \$100/yr
- Best Friend Life - \$500.00
- Family - \$20.00/yr

Enclosed is my donation \$ _____

Mail to:

Membership Friends of Interstate Park
PO Box 703
St. Croix Falls, WI 54024

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Yes I would like to volunteer:

I am interested in: ___ Ice Age Center ___ Newsletter ___ Special Events ___ Other

I would be available: ___ Weekdays ___ Weekends ___ Anytime

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Donation to Friends of Interstate Park – Keep this portion for your records!

Date: ___/___/____ Amount Paid: \$ _____