



MEMBERSHIP APPLICATION

NEW MEMBERSHIP | RENEWAL

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

☐ \$15 Individual ☐ \$25 Family ☐ \$50 Sponsor ☐ \$55 Organization

☐ Benefactor \$100 ☐ \$250 Corporate ☐ Optional donation: \$_____.

Please contact me by: ☐ E-mail ☐ U.S. Mail



IF A GIFT MEMBERSHIP, PLEASE COMPLETE THE FOLLOWING:

Recipient's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please mail your check, made payable to **Friends of Metro Parks**, and this completed form to:

Friends of Metro Parks
975 Treaty Line Road
Akron, Ohio 44313-5898

Membership is tax deductible and good for one year.