

Membership Application

Name:	
Address:	
City:	
State:	Zip:
Phone:	
Mobile:	
email:	
Memberships: Individual (\$10.00) Non Profit Org. (\$50.00) Corporate Sponsor/Benefactor (\$250.00)	
Support Friends by assisting with: Developing/Editing Print Material Web Site Research/Development Organizing Meetings/Events List Management Public Awarness Campaigns Fund Raising	
	ution of Literature/Brochures Other
Or, please accept my tax deductable gift of: \$	
B 4 11	

Mail completed form to:

Friends of McConnells Mill State Park Inc.

Membership Department

P.O. Box 63

New Wilmington, PA 16142