## Friends of San Jacinto Mountain County Parks MEMBERSHIP APPLICATION

I am/we are:	Re	Renewing Member(s)		NEW Member(s)	
Individual \$25 (1 card)	•	Family \$60 (2 cards)	Supporting \$20 (2 cards)		
MEMBERSHIP	INFORMATION				
NAME(S):					
Street Address:					
City:			State:	Zip:	
Telephone: ()	)				
		ewsletter and othe	r occasional comm	unications. Yes No	
I am interested in	becoming a volu	nteer and my inter	rests include:		
How would you lil	ke to receive your	membership card	d(s):		
Your hor	ne address	OR	Pick up at	idyllwild Nature Center	
If you prefer to pa	ay by check, plea	se mail to: FSJM	CP, P.O. Box 1522,	ldyllwild, CA 92549	
Con	F	ederal Tax ID: 9	on registered in Cali		