Friends of Fort Halifax Park, Inc.
Membership Enrollment
201__

* ☐ **Renewal** ☐ **New Member**

* If renewal: name, dues information & changes

* _____

name

_____

address **town** **state / zip**

_____

spouse **children**

_____|_____|_____

home phone **cell** **work**

* _____

e-mail

* **Membership Level & Annual Dues (check one):**

☐ **Student - $10.** ☐ **Family - $45.** ☐ **Corporate - $250.+**

☐ **Individual - $25.** ☐ **Supporting - $100.** ☐ **Life - $500.**

* **Date:** / / **Payment:** ☐ **Cash** ☐ **Check**
(Receipt for payment will be mailed)

Are you willing to lend-a-hand when we are in need of assistance? ☐ **Yes** ☐ **Not at this time**

If yes, please check possibilities:

☐ **"Man" a booth** ☐ **Sell tickets** ☐ **Baked Goods**

☐ **Serve food** ☐ **Recruit helpers** ☐ **Recruit members**

☐ **Other** _____

Comments / suggestions: (Use back if needed.) _____

Please return to Norma Shearer, Membership Chairperson
27 Maple Ave. Halifax, PA 17032