

Membership Application



Contact Information

| | |
|-----------------------|--|
| Name | |
| Street Address | |
| City, State, ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Membership Level

- | | |
|--|---|
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> Gold \$250 |
| <input type="checkbox"/> Family \$50 | <input type="checkbox"/> Benefactor \$500 |
| <input type="checkbox"/> Student \$15 | <input type="checkbox"/> Patron \$1000 |
| <input type="checkbox"/> Silver \$125 | |

Special Interests

Tell us in which Parks or areas you are interested in volunteering: (please check all that apply)

- Christiansted NHS
- Buck Island Reef NM
- Salt River Bay NHS & EP
- Fundraising
- Interpretation
- Field work
- Newsletter production
- Volunteer coordination

Please return this form with your payment to:

Friends of the St. Croix USVI National Parks
5 Company Street
Christiansted, VI 00820

Thank you!

Friends of St. Croix's National Parks