

FOSP Membership Form

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Membership (suggested \$10 per year) _____

Lifetime Membership (\$250) _____

Donations for FOSP (tax receipt for \$25 or more) _____

Donations for Visitors Center (tax receipt for \$25 or more) _____

Total \$ _____

Would you wish to volunteer?

- Trail building _____
- Outdoor civic action _____
- Research (internet, library) _____
- Legal assistance _____
- Other _____

Comments _____

send to:

Friends of Strathcona Park

PO Box 3404

Courtenay, BC V9N 5N5

(Please do not send cash by mail, thank-you)