

FOSP Membership Form

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Membership (suggested \$10 per year) _____

Donations for FOSP (tax receipt for \$20 or more) _____

Donations for Visitors Center (tax receipt for \$20 or more) _____

Total \$ _____

Would you wish to volunteer?

- 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)