

MEMBERSHIP APPLICATION

VIRGINIA ASSOCIATION FOR PARKS

Name: _____

Organization if Applicable: _____

Address: _____

Phone Number/Cell: _____

E-Mail Address: _____

Do you presently volunteer at a park? _____

If so, what is the name of the park where you volunteer? _____

If not, what would you be interested in doing and where? _____

Please check which membership you are applying for:

Associate Member _____ Free

Sustaining Member _____ Individual \$10.00 _____ Organization \$20.00

BRONZE Member _____ \$100.00 Membership pins will be mailed.

SILVER Member _____ \$250.00 Membership pins will be mailed.

GOLD Member _____ \$500.00 Membership pins will be mailed.

All donations are tax deductible to the extent of the law.

Mail membership application and check made payable to: VAFP

Virginia Association for Parks

PO Box 9205

Norfolk, VA 23505

Phone: 757-619-0540