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