

ANDERSON PARK

— F R I E N D S —

Membership Form

Name _____
Address _____
City, State & Zip _____
Phone Number _____
Email (optional) _____

Please print your name as you want it to appear in the membership listing. Email addresses will be used only to notify members of upcoming events of Anderson Park Friends, Inc. and Dane County.

Memberships are effective from January 1st each year through December 31st. Memberships renewed annually. Check one:

- | | | |
|--------------------------|-----------------------|---------|
| <input type="checkbox"/> | Individual Membership | \$15.00 |
| <input type="checkbox"/> | Family Membership | \$25.00 |
| <input type="checkbox"/> | Student Membership | \$5.00 |

Make your check payable to Anderson Park Friends, Inc.

Send check & Membership Form to:
Barb Hill, Treasurer, 876 Jean Circle, Oregon, WI 53575

Received _____
Check Number (if applicable) _____