



Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Membership categories:

_____ Individual \$15

_____ Family \$25

_____ Lifetime \$250

(Include a free t-shirt, size _____)

_____ Corporate \$300

(Includes Estuaries Day T-shirt sponsorship, business name _____)

Additional Donation \$ _____ Thank you!

Thanks for your continued support.

Please mail this completed form with your check to the Friends of the Reserve, PO Box 120, Eastpoint, FL 32328.

Solicitations of Contributions Act registration No. CH48389: A copy of the official registration and financial information may be obtained from the division of consumer services by calling (800-435-7352) within the state. Registration does not imply endorsement, approval or recommendation by the state.