

Membership application

Name _____
(Include family members for family membership)

Address _____

City _____ State _____

Phone _____ email _____

Membership dues

Prorated dues for this year \$ _____
(See chart below)

Do you wish to pay next years dues at this time? \$ _____
(Single-\$12, Family-\$18)

Do you wish to donate?

To park district endowment fund \$ _____

To operating funds \$ _____

TOTAL \$ _____

Month	Single	Family
March	\$12.00	\$18.00
April	\$11.00	\$16.50
May	\$10.00	\$15.00
June	\$9.00	\$13.50
July	\$8.00	\$12.00
August	\$7.00	\$10.50
September	\$6.00	\$9.00
October	\$5.00	\$7.50
November	\$4.00	\$6.00
December	\$3.00	\$4.50
January	\$2.00	\$3.00
February	\$1.00	\$1.50