

Friends of Schafer & Lake Sylvia State Parks (FOSLS) Membership Application

Membership type (circle one)	Individual	Family	Non-Voting Associate
	\$15	\$25	\$0

Name _____
(First Name)
(Last Name)

Name of Secondary Family Member _____ Number of Family Members _____

Please **PRINT** the following details to help us keep you apprised of important information.

Mail _____
Street Address
City
State
Zip

E-Mail _____ @ _____

Telephone (____) _____ Would you like to participate in FOSLS Mtgs? _____

What type of volunteer service do you enjoy doing? _____

Occupation/profession/Skills? _____

You will occasionally receive mail or email information from our group or others working toward the same goals of preserving, protecting and enhancing our parks. We also may use pictures showing members at our group's activities.

Signature _____ **Date:** _____



Dues and Membership Record

Dues valid from April 1st of one year to March 31st of the next year. This allows maximum time for members to pay or work volunteer time toward voting membership before the annual Membership meeting on the second Saturday in March of each year.

4 hrs time volunteered = Individual Membership and 8 hrs time volunteered = Family Membership.

FOR OFFICE USE ONLY							
Dues verification	PaidAmt	Date	<u>FOSLS Initials</u>	-OR-	Hrs.Worked	Date	<u>FOSLS Initials</u>
Apr 1, 2021 to Mar 31, 2022	\$ _____	___/___/___	_____		_____	___/___/___	_____
Apr 1, 2022 to Mar 31, 2023	\$ _____	___/___/___	_____		_____	___/___/___	_____
Apr 1, 2023 to Mar 31, 2024	\$ _____	___/___/___	_____		_____	___/___/___	_____
Apr 1, 2024 to Mar 31, 2025	\$ _____	___/___/___	_____		_____	___/___/___	_____

Mail Dues and Membership Cards to:
FOSLS, PO Box 642, Montesano, WA 98563

Contact FOSLS at:

www.facebook.com/FriendsOfSchaferLakeSylvia

info@gmail.com

<http://www.fosls.org>