



Friends of Hammonasset

Enriching the experience of Hammonasset Beach State Park



Friends of Hammonasset Membership Form

Renewal

New Member

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Email: _____

Check here if you want to receive FOH newsletters via email

Please indicate volunteer interests:

Member Levels

- Friend/Family \$20.00
- Associate \$50.00
- Supporter: \$100.00
- Sponsor \$500.00
- My employer will match my donation

- Nature Center
- Beach/Trail Maintenance
- Fundraising
- Website
- Photography
- Advocacy/Legislative
- Events
- Publicity
- Plant/Tree Sales
- Other

(Employer Name)

Additional Donation

_____ \$____.00

Total Enclosed \$____.00

Please mail checks to:
Friends of Hammonasset, Inc.
P.O. Box 271, Madison, CT 06443

Your gift is tax deductible to the extent allowed by law.

Thank you for your help!