



Friends of Brooksvale Park, Inc.

MEMBERSHIP APPLICATION

Name

Email

Spouse

Email

Children (under 18)

Phone(s)

Address

City

St

Zip

MEMBER LEVELS

Annual Per Adult \$10.00

New

Renewal

\$100.00 Lifetime Membership (per adult)

My employer will match my donation of: \$.00

Employee Name:

Employer Name:

Employer Address:

Additional Donation: \$.00

Total Enclosed: \$.00

Mail To: FOB Inc. C/O James Traester Treasurer 156 Brooksvale Ave Hamden CT 06518

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

I WOULD LIKE TO HELP WITH – Check all that apply!

Maple Sugaring (Feb&Mar)

Trail Maintenance

CT Trails Day (1st Saturday in Jun)

Educational Program & Event Planning

Fall Festival (Last Saturday in Sep)

Publicity

Wreath Workshop (1st Saturday in Dec)

Fundraising/Grant Writing

Gardens

Beekeeping

Animal Care

Other...

Thank-you for your support!