

MEMBERSHIP

Love the Seashore? Join the Friends!



Become a *Friend of the Cape Cod National Seashore* to help preserve and protect the Seashore.

NAME(S) _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

PHONE _____ CAPE PHONE _____

E-MAIL ADDRESS _____ (to receive e-News)



New membership Renewal I am interested in becoming a *Friends* volunteer

I/We wish to join at the following level. **See list of Member Benefits on the website's *Join the Friends* page.**

Beachcomber – individual (\$35) Trail Blazer (\$250) [do not send hat]
 Surfer – family (\$50) Light Keeper (\$500)
 Navigator (\$100) [do not send bag] Guardian (\$1,000 and above)

I/We would like to make an additional donation of \$_____ for the:

Nickerson Fund Petitt Fund Ostwald Fund
 Atlantic White Cedar Swamp Trail Restoration Project Fund Unspecified

Total payment \$ _____

Method of payment: Visa MasterCard Discover Check payable to FCCNS

Card # _____ ‡CCV # _____ Exp. Date _____

Name as it appears on card _____

Signature _____ Date _____

Mail to: **FCCNS**
 P.O. Box 550
 Wellfleet, MA 02667

‡Credit Card Validation #: 3 digits on back of card

All dues and contributions are tax-deductible.
Contact us at info@fccns.org with any questions.