

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)

____ Surfer – family (\$50)

____ Light Keeper (\$500)

____ Navigator (\$100)

____ 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 _____

Telephone number (required for credit card processing) _____

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.