



Friends of Tomoka Basin State Parks Membership Application

Name:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Email Address:	

Membership Level (Select One):

- Student \$15.00
 Individual \$25.00
 Family \$35.00

I am interested in learning more about the following:

- Becoming a Board Member Assisting with Membership
 Volunteering in the Park Assisting with Fundraising

Please remit with a check/money order payable to the Friends of Tomoka Basin State Parks and mail to:

Friends of Tomoka Basin State Parks
P.O. Box 1035
Bunnell, Florida 32110

For cash payment, please bring your application and payment to the Ranger Station at Tomoka State Park.

Membership Committee Only:

Date Fees Paid: _____

Method of Payment (Circle): Cash Check/Money Order

Date Welcome Packet Issued/Mailed: _____