



MEMBERSHIP

New

Renewal

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Email: _____

Single (\$25) _____

Family (\$30) _____

Donation
(tax deductible) _____

Total enclosed: _____

Membership year is Jan. 1 - Dec. 31 regardless of month of joining.

Send form, along with check made out to **FOR Parks**, to:

Friends of Roseville Parks

2660 Civic Center Drive

Roseville, MN 55113

FriendsofRosevilleParks.org

TaxID #41-1312380