



## **Membership Form**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

### **ANNUAL MEMBERSHIP LEVEL (PLEASE CIRCLE ONE):**

\$10 Individual

\$20 Family

\$30 Business

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO PPMSP. RETURN APPLICATION ALONG WITH PAYMENT TO:**

Palo Pinto Mountains State Park Partners  
P.O. Box 201  
Strawn, TX 76475

*Palo Pinto Mountains State Park Partners is a 501(c)(3) organization*

### **Please circle your preferred hobbies (all that apply):**

Hiking  
Biking  
Fishing  
Running  
Camping

Equestrian/Trail Rides  
Birding  
Master Naturalist  
Canoeing/Kayaking  
Other (please specify) \_\_\_\_\_