



2015 MEMBERSHIP APPLICATION FRIENDS OF THOMPSON'S HARBOR STATE PARK

To preserve, protect and promote THSP through stewardship, education and research.



APPLICANT INFORMATION

Please complete one application for each individual, family, or student applying.

Name(s):

Current address:

City:

State:

ZIP Code:

Daytime Phone No.

Evening Phone No.

Membership Type: New: _____

(Please check) Renewal: _____

Individual \$10.00 _____

Family \$20.00 _____

Student \$1.00 _____

Friends of Thompson's Harbor State Park Friends Group intentionally set annual dues low to give members an opportunity to make an additional tax-deductible donation to the organization. Any amount helps.

Additional Donation: _____ \$25 Contributing _____ \$100 Supporting _____ Other

Email Addresses: (This is our primary means of contact for Friends Group meetings or activities. We will email information to each email address listed.)

1.

2.

3.

4.

**Signature of Head of Family,
Individual, or Student:** _____

Date: _____

Make checks payable to: **Friends of Thompson's Harbor State Park**

Mail Completed Form to: **Jeff Shea, Treasurer FTHSP, 17607 Shubert Hwy., Alpena MI 49707**



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