

Friends of Rock Bridge Memorial State Park Membership Form

Categories	Dues
<input type="checkbox"/> Special (students/seniors/staff/volunteers)	\$15
<input type="checkbox"/> Single	\$20
<input type="checkbox"/> Family	\$35
<input type="checkbox"/> Contributing	\$100
<input type="checkbox"/> Business	\$400
<input type="checkbox"/> Lifetime	\$1000

Member Benefits

All new members receive a packet with a map, a patch and program information;
All members receive the monthly newsletter by email or mail;
Single, Family, Contributing and Lifetime members have voting privileges;
Business Members will be recognized in the newsletter for a year.

I /We would like to make an additional contribution of \$ _____

(Friends of Rock Bridge Memorial State Park is a 501 (c) (3) tax exempt nonprofit.)

Total Amount enclosed \$ _____ (Make check payable to **FoRB**)

Name(s) _____

E-mail(s) _____

I would like the monthly newsletter (check one)

emailed _____ (postage and trees!) or mailed _____

Street Address _____

City _____

State _____ Zip _____ Phone _____

(We still need this even if you choose email for the newsletter)

Mail form and check to: FoRB, 200 Old 63 South, Suite 204, Columbia MO, 65201