

**Friends of
Silver Springs
State Park**



**Friends of
Silver Springs State Park
Membership Application**

Date Submitted _____

New

Renewal

Membership Type:

Junior Member(\$10)

(under 21)

General Member(\$25)

Bronze Member Donor (\$150)

Silver Member Donor (\$300)

Gold Member Donor (\$500)

First Name:

_____ *If including spouse/partner and last name is the same put both first names here)*

Last Name:

Partner/Spouse:

_____ *Use if spouse/partner has a different last name*

Address:

City, State, Zip:

Preferred Phone Number :

***Email:**

** All CSO correspondence is sent via email. Your email address will not be shared with any other organizations*

Make checks payable to and mail or drop off applications:

**Friends of Silver Springs State Park
1425 NE 58th Ave Ocala, FL 34470**