Annual Individual membership valid January through December Those joining after September 30th will be a paid member through the following year. Dues: \$10.00 per membership Donations (optional): an opportunity to make an additional tax-deductible donation to the organization. Any amount helps! Total amount enclosed _____ RENEWAL _____NEW Date__ Name__ Addresss____ City, State, Zipcode_____ Phone__ Email___ *We will only use to notify you of information, activities or meetings. We do not share email information. Make check payable to: Friends of Grand Haven State Park Send to: Judi Mazurek 2901 Woodsboro Dr. NE Grand Rapids, MI 49525 Thanks for visiting our site: www.friendsofghsp.org For: Friends of Grand Haven State Park Amount Received \$_____ () Cash () Check () Money Order # _____ Money Received by_____

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