



P.O. Box 817, Sussex, N.J. 07461

www.friendsofhighpointstatepark.org

Join the Friends of High Point State Park

Membership is open to individuals, families, and sponsors interested in and who support our objectives. Our membership year begins January 1 and ends December 31.

Please be sure to print your information clearly. Thank you for your support!

Membership / Sponsorship

Please Check Applicable Boxes

- | | |
|---|----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Individual | \$15 |
| <input type="checkbox"/> Family | \$25 |
| <input type="checkbox"/> Bronze Sponsor | \$50 - \$99 |
| <input type="checkbox"/> Silver Sponsor | \$100 - \$249 |
| <input type="checkbox"/> Gold Sponsor | \$250+ |

Member/Sponsor Details

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Email: _____

The Friends of HPSP keeps all information provided on this form private. We will never sell or give your contact information to another organization.

Donations

Please fill in the amount of your choice.

- | | |
|---|----------|
| <input type="checkbox"/> One Time Donation | \$ _____ |
| <input type="checkbox"/> In Memoriam Donation | \$ _____ |

In Memoriam Donation Details

Donation in Memory of: _____

Relationship: _____

If you would like an acknowledgment of your In Memoriam Donation sent to the family of the deceased, please include the name and mailing address of the recipient on the reverse side of this form. Thank you.

THANK YOU!

Please make checks payable to:
 Friends of High Point State Park
 PO Box 817
 Sussex, NJ 07461

Do you have time and talents to share?

The Friends of High Point State Park are seeking volunteers to join our group.

_____ *Yes, I love High Point State Park and would like to volunteer!*

For Office Use Only:

Date Received: _____

Method of Payment: _____ Amount Enclosed: _____