

Membership Application
The Friends of Hungry Mother State Park, Inc.

(Please Print)

Please mail the completed application with your check to:

Friends of Hungry Mother State Park
P.O. Box 362
Marion, Va 24354

I wish to become a member of The Friends of Hungry Mother State Park as a:

___	Friend	\$10.00
___	Family Friend	\$15.00
___	Community/Civic Friend	\$16.00 and up
___	Business Friend	\$50.00 and up
___	Corporate Friend	\$200.00 and up
___	Benefactor Friend	\$500.00 and up

Name: _____

Address: _____

Phone: _____

E-Mail: _____