

Friends of McDowell Park MEMBERSHIP APPLICATION

Name (s) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Membership Fee (\$25) _____

Donation \$ _____

Total \$ _____

Please send this form and a check payable to:

Friends of McDowell Park

Mail to:

Friends of McDowell Park

PO Box 18613

Fountain Hills, AZ 85269