

# MEMBERSHIP ENROLLMENT FORM



CALIFORNIA  
STATE PARKS  
FOUNDATION

Thank you for helping to protect and improve our state parks by becoming a member!

## CHOOSE YOUR DONATION AMOUNT

\$25    \$50    \$100    \$250    \$500    \$ Other \_\_\_\_\_

*This amount or higher will help improve more parks!*

I want to help parks all year round with a monthly gift of \$ \_\_\_\_\_ [\$5 per month minimum]

## YOUR MEMBERSHIP BENEFITS

When you renew your membership with a contribution of \$25 or more, you'll receive all of the benefits of membership:

- A reusable California State Parks Foundation tote bag
- Member *California's State Parks* magazine
- 10% camping discount to most state parks
- California State Parks Foundation calendar (sent annually in July)
- Member *Parklands* newsletter and E-news
- Event and webinar invitations
- Sticker

**Maximize my donation** — Thanks, but I'll decline all the benefits so I can maximize my support for parks.

## MEMBER INFORMATION

Courtesy Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(Dr., Ms., Mrs., Mr., Mx., Rev., etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT INFORMATION

My check payable to California State Parks Foundation is enclosed.

Please charge my membership gift to my credit card.

Visa    MasterCard    Discover    American Express

Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

## MAIL YOUR FORM

Please mail this form to: **California State Parks Foundation**  
**Donation Processing Center**  
**PO Box 60169**  
**City of Industry, CA 91716-0169**

For more information, please contact our Member Services Team at 415-262-4400 or [members@calparks.org](mailto:members@calparks.org).

Tax ID 94-1707583