

Membership Enrollment Form

Thank you for helping to protect and preserve our state parks through membership with California State Parks Foundation!



**CALIFORNIA
STATE PARKS
FOUNDATION**

I would like to: ☐ Join as a first-time member ☐ Renew my current membership

Choose Your Donation Amount

☐ \$25 ☐ \$75 ☐ \$150 ☐ \$250 ☐ \$500 ☐ \$ Other _____

Your Membership Benefits

Day-Use Park Passes (for more details, visit calparks.org/parkpass)

Level	Annual Donation	Day-Use Passes
Park Supporter	\$25	2
Park Adventurer	\$75	4
Park Advocate	\$150	6
Park Defender	\$250	8
Park Champion	\$500	10

In addition to the benefits to the right, all membership gifts starting at \$25 annually:

- A reusable California State Parks Foundation tote bag (new members only)
- 10% camping discount to most state parks
- California State Parks Foundation calendar
- Member Parklands newsletter and E-news
- Event and webinar invitations
- California State Parks Foundation Sticker

Benefits subject to change.

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

Member Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

☐ Sign me up for SMS messages.

☐ Sign me up for email updates.

By submitting your cell phone number you are agreeing to receive periodic text messages from this organization. Message and data rates may apply. Text HELP for more information. Text STOP to stop receiving messages.

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
Gift 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.

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