



The Friends of Fish Creek Provincial Park Society  
P.O. Box 2780 Stn M Calgary, AB T2P 2M7

**Yes! I want to become a member of the Friends of Fish Creek Provincial Park Society!**

**Friends' Membership Year: Today until September 30 2019**

- PLEASE SEND ME INFORMATION ABOUT BECOMING A PARK PROTECTOR MONTHLY DONOR
- PLEASE SEND ME INFORMATION ABOUT LEAVING A GIFT IN MY WILL

Did you volunteer with the Friends of Fish Creek in 2017 or 2018? Yes \_\_\_ No \_\_\_

If Yes please check any that apply:

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Park Watch     | <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Weed Whackers   | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Trail Care     | <input type="checkbox"/> Special Events | <input type="checkbox"/> Office work     | <input type="checkbox"/> Minibus  |
| <input type="checkbox"/> Speaker Series | <input type="checkbox"/> Tree Wrapping  | <input type="checkbox"/> Board/Committee |                                   |
- Other: \_\_\_\_\_

**ANNUAL MEMBERSHIP COST**

**Adult**

Individual : \_\_\_\_\_ \$35.00  
Family: \_\_\_\_\_ \$45.00

**Senior (60+ years of age)**

Individual: \_\_\_\_\_ \$25.00  
Family: \_\_\_\_\_ \$30.00

**Note:** Members must be 18 years of age or older.

**PAYMENT**

Membership: \$ \_\_\_\_\_  
Donation: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Please make your cheque payable to: **Friends of Fish Creek** and send it to:  
Friends of Fish Creek Provincial Park, P.O. Box 2780 Stn M, Calgary, Alberta, T2P 2M7.

If you prefer to pay online using PayPal go to:

**friendsoffishcreek.org/membership**

- (Tax receipts will be issued for donations of \$10.00 or more or if requested.)

Please recognize my donation: \_\_\_\_\_ or I would like my donation to be anonymous: \_\_\_\_\_

**Mission: *To engage the community through education and awareness to conserve a truly unique naturalized urban park.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Place of Work (optional): \_\_\_\_\_

Date of Application: \_\_\_\_\_ New Member: \_\_\_ Existing Member: \_\_\_ Membership #: \_\_\_\_\_