



friends of novi parks

Membership Application

Name(s): _____

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Business Address (optional)

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Use Business Address for mailings?

Member Type (Suggested contribution)

Suggested membership contributions are shown below.

Family – 2 adult voting memberships (\$45)

Individual – 1 adult voting membership (\$25)

Youth – individual youth membership (\$10)

Contributor only - non voting

Contribution: _____

(check or money order payable to Friends of Novi Parks)

Interests and Comments

Mountain Bike Hike/Walk Birdwatching

X/C Skiing Trail Running Dog Walking

Other: _____

Comments:

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PO Box 123
Novi, MI 48376-0123
www.friendsofnoviparks.org