

**Friends of Island Beach State Park, Inc.**  
 P.O. Box 406  
 Seaside Park, NJ 08752-0037

Phone/Fax: 732-793-5525  
 www.friendsofislandbeach.com  
 friendsofislandbeach@yahoo.com



## *Membership Application Form*

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**Date:** \_\_\_\_\_

*Please print all information clearly*

**Membership Type:** Family (\$25) \_\_\_\_\_ Individual (\$15) \_\_\_\_\_ Please make checks payable to: **Friends of IBSP, Inc**

Name		
Street		
City	State	Zip
Phone	Email	

If **family membership**, please provide the names of up to four immediate family members:


Would you like to be a volunteer at our Beach Plum Festival?    Yes\_\_\_    No\_\_\_  
 Would you participate in other activities that we support?    Yes\_\_\_    No\_\_\_

List Your Main Interests & Activities At the Park:


*Thank you for your continuing support of Friends of Island Beach State Park... We hope to see you at one of our events or General Meetings!!*

Reminder: Renewal fees are due in January of each year

<b>For Office Use Only</b>	CHECK#:	CASH AMOUNT:	DATE:	INITIALS:
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