



Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I am interested in Volunteering Time and Talent to FOAM ___ (Yes)

I am interested in Docent Training ___ (Yes) Telephone _____

Please Check Membership Category and Make Check Payable to **FOAM**:

___ Individual \$25 ___ Family \$35 ___ Senior or Student \$18 ___ Sponsor \$50

___ Best Friend \$100 ___ \$750 Friend for Life Other: \$ _____

Friends of the Arcata Marsh
P.O. Box 410, Arcata, CA 95518