



MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail _____

Please check the appropriate membership category and make checks payable to FOAM.

- Individual \$25 Family \$35 Student/Senior \$18
 Sponsor \$50 Best Friend \$100 Friend for Life \$750 Other \$ _____

I would like more information about volunteering with FOAM

FRIENDS OF THE ARCATA MARSH • P.O. Box 410, Arcata, CA 95518 • arcatamarshfriends.org

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