

Friends of Hudson Parks Membership Application—Valid Through December 31, 2025

Level of Member Support

Individual \$10 ____ Family \$20 ____ Benefactor \$50 ____
Group or Organization Membership \$25 ____

Membership Total ____

Additional Contribution ____

Total ____

I am interested in becoming a:

FOHP Officer / Director ____ Park Ambassador ____

I am interested in the following Committees:

Programming ____ Conservation ____

Education ____ Publicity ____ Membership ____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

☐ New member ☐ Renewal

Please make checks payable to Friends of
Hudson Parks. Send to Friends of Hudson Parks,
P.O. Box 941, Hudson, Ohio 44236