

Name: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mail to: Riverside State Park Foundation  
9711 W. Charles Road  
Nine Mile Falls, WA 99026

**Riverside State Park Foundation  
Membership Application**

**Individual & Family General Membership**

\$10 per year *-or-*

10 hours of documented volunteer service

**Supporting Membership**

\$50 or more per year

All monetary contributions are tax deductible

Membership year lasts one year from application.

I have enclosed \$\_\_\_\_\_ for my membership.

I would like to volunteer \_\_\_\_\_ hours for my membership fee.