



## Membership Form

Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Can help with:

mailings

fundraising

grant writing

research

other: \_\_\_\_\_

**lifetime membership dues: \$25**

send form along with check/money order to:

POPS

P.O.Box 253

Pacifica, CA 94044

[www.pacificapierpops.org](http://www.pacificapierpops.org)