



Membership Form

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-mail Address: _____

Phone: _____

Fax: _____

Would like to be notified about workdays and other events? Yes No

Any comments or questions? Please enter them below:

Mail this form and contribution to:

Advocates for the Forest of Nisene Marks
P.O. Box 461
Aptos, CA 95001-0461

Make all checks payable to:

Advocates for the Forest of Nisene Marks

*For more information, please see the Advocates' Web site: **advocatesfnm.org***