

Hill Country State Natural Area Partners



Membership Type: Annual Dues (Renewal on 12 month calendar)

____ Individual \$10.00
____ Family \$15.00 (allows 2 voting members over 18)

Make checks / money orders payable to: HC-SNAP

APPLICANTS NAME _____ Occupation _____

2nd Member _____ Occupation _____

CHILDREN: Names & ages

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FAX _____

BUSINESS PHONE _____ CELL _____

E-MAIL _____

Typical use of park (check all that apply):

____ Equestrian ____ Biking ____ Hiking ____ Camping ____

I understand that by becoming member I shall uphold the purposes of this organization, as follows:

- To preserve and protect the natural and cultural resources of the park.
- To provide for the enjoyment and safety of visitors.
- To interpret the natural and cultural resources of the park for the visiting public.
- To uphold the By-laws and Memorandum of Agreement, attend regular scheduled meetings and assist in events and workdays.

I certify that all of the above information is true and accurate.

Signed: _____ Date: _____

RECRUITED BY: _____ (if applicable)

P.O. Box 2282 - Bandera, Texas 78003