



Membership Application

The purpose of the Friends is to provide support and assistance to the Lockeford Community Services District for the community park, recreation programs, equipment and the community center.

Date: _____

Amount enclosed: \$ _____

Name(s) _____

Address _____

Contact phone _____

Email _____

Annual membership is **\$15 per person**

Would you be interesting in participating in: (check all that apply) fundraising__
events__ website__ graphics__ social media__ public outreach__ donations__
grants__ other_____

Mail completed form and payment to:
Friends of the Lockeford Memorial Park
P.O. Box 1703 Lockeford, CA 95237

Contact information: lockefordpark@gmail.com or like us on Facebook or
Visit www.lockefordpark.org

A nonprofit public benefit 501 (c) (3) organization
Donations are tax deductible to the extent allowable by federal law
Fed tax ID # 47-4383811