



MEMBERSHIP FORM

Mail to: FSBCP
PO Box 272
Wisconsin Rapids WI 54495

www.scentrailbarkpark.com

Membership Type

- Individual \$25
- Co-Residents \$40
- Household of 3+ \$60

DATE _____

AMOUNT PAID _____

MEMBER 1

First Name / Last Name _____

Phone / Email _____

Address _____

MEMBER 2

First Name / Last Name _____

Phone / Email _____

MEMBER 3

First Name / Last Name _____

Phone / Email _____

Complete form and submit with check made out to FSBCP and mail to address above or submit at meeting. A receipt will be sent to you for your records.

***Beginning 1/1/23 – all 2023 memberships expire on March 1, 2024 and on an annual basis moving forward.**

Look for us on Facebook: Friends of Scentrail Bark Community Park

Web: www.scentrailbarkcommunitypark.com

Email: Scentrailbarkpark@gmail.com

Paypal: <https://www.paypal.com/biz/fund?id=6NNN2DR69FQHE>

