



Mildred Kanipe
Memorial Park

FRIENDS OF MILDRED KANIPE MEMORIAL PARK ASSOCIATION, INC.
Membership Application

NAME(s) _____

(List names of all family members over the age of 18)

ADDRESS _____

TELEPHONE _____ E-MAIL _____

I would like to help with the following:

- FUNDRAISING
- FENCE/BUILDING MAINTENANCE
- BRUSH/NOXIOUS WEED IRRADICATION
- TELEPHONE COMMITTEE
- HISTORIC BUILDING RESTORATION
- MAILINGS AND OTHER SECRETARIAL
- OTHER _____

Enclosed please find my membership fee of \$10 (per family)
(Dues will be used for organization operating expenses such as postage, Post Office Box, annual fees, etc. – and, will make your entire family members!)

Yes! I would like to help out more with an additional donation of \$ _____
(Donations will be reserved for projects and to apply towards matching funds for grant applications. Fundraising proceeds will be applied to this fund.)

Total enclosed: \$ _____

This organization is a 501 c 3, nonprofit tax exempt, and all donations are fully tax deductible.

Make checks out to Friends of Mildred Kanipe Park

Mail to: **Friends of Mildred Kanipe Park, P.O. Box 105, Umpqua, OR 97486**

Note: Name has been shortened for checks and address to make it more convenient. Complete name is "Friends of Mildred Kanipe Memorial Park Association, Inc."

The mission of this organization shall be to provide volunteer services for the purpose of restoring, improving, maintaining, and protecting the natural resources of the park such as land, plants and animals, the historic structures present in the park, and other park improvements such as fences, restrooms, picnic areas, etc. for the purpose of providing recreational, educational and cultural experiences for the public, in accordance with the conditions of Mildred Kanipe's Will, and to participate in fund raising for the purpose of providing monetary assistance to cover as much as possible of the related costs.