



# Membership Application

## **ALL Membership Categories – please fill in:**

Name on Membership (*first/last*) \_\_\_\_\_

Email \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone (*optional*) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## **Family Membership Only** (*same household*):

Additional Member (*first/last*) \_\_\_\_\_

Email \_\_\_\_\_

Phone (*optional*) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## **Gift Membership Only:**

Purchaser's Name (*first/last*) \_\_\_\_\_

Email \_\_\_\_\_

Phone (*optional*) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>MEMBERSHIP CATEGORY</b> (pick one)
<input type="checkbox"/> <b>Join</b>
<input type="checkbox"/> <b>Renew</b>
<input type="checkbox"/> <b>Gift</b>

<b>Select MEMBERSHIP LEVEL</b> (pick one)
<input type="checkbox"/> Senior/Student \$20
<input type="checkbox"/> Individual \$30
<input type="checkbox"/> Family \$40
<input type="checkbox"/> Contributor \$60
<input type="checkbox"/> Patron \$100
<input type="checkbox"/> Sponsor \$250
<input type="checkbox"/> Benefactor \$500
<input type="checkbox"/> Life \$1,000

Please make check payable to: **Highland Park Conservancy, Inc.**

Mail form & check to: **HPC/Corresponding Secretary  
180 Reservoir Avenue  
Rochester, NY 14620**

*Our Members Make It Happen!*