

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: (optional) _____

Annual Dues

___ Individual Membership – \$15

___ Family Membership- \$25

___ Corporate Membership – \$100

___ Other

Please contact me about volunteer activities

Make checks payable to: Friends of Cumberland Mountain State Park, Inc.

Mail to: P.O. Box 3021, Crossville TN, 38557

(Your address, phone number, or e-mail address will never be given to a third party.)