



Sonoma County Regional Parks
ANNUAL PARKS MEMBERSHIP ORDER FORM
 (print and complete this form, then mail or fax as indicated below)

PLEASE SEND ME AN ANNUAL PARKS MEMBERSHIP!

QTY TYPE OF MEMBERSHIP TOTAL \$

(For those age 62 and older.)

(For those with permanent disabilities; proof of eligibility required. Download and complete application, include with order form and payment.)

Contribution to the Regional Parks Foundation:

TOTAL DUE: \$ _____

- This is a NEW membership.
- This is a RENEWAL. My existing membership expires: ____ / ____

METHOD OF PAYMENT:

- CHECK or MONEY ORDER (made payable to County of Sonoma)
- Visa or MasterCard

Name on Card: _____

Card Number: _____ / _____ / _____ / _____

Expiration Date (month/year): ____ / _____

SEND MY MEMBERSHIP TO:

Name _____

Address _____

City / State / Zip _____

Daytime Phone _____

Email Address _____

Mail or FAX this completed order form with payment and proof of eligibility (if applicable) to:

Sonoma County Regional Parks
 ATTN: Membership
 2300 County Center Dr, Ste 120A
 Santa Rosa, CA 95403

(707) 579-8247 FAX
(707) 565-2041 Phone