

CABRILLO NATIONAL MONUMENT FOUNDATION

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (_____) _____

FORM OF PAYMENT

_____ Check payable to Cabrillo National Monument Foundation

____ MasterCard ____ VISA ____ AmEx

Card # _____

Expiration Date: _____

Signature _____

Website: www.cnmf.org Email: CabrilloNMF@aol.com

Telephone (619) 222-4747 Fax: (619) 222-4796

Membership Options

Individual--\$35

Duo (2 people in the same household)--\$60

Family (2 adults and children) \$75

Supporting--\$100

Sustaining--\$500

Benefactor--\$1000

Mail To:

Cabrillo National Monument Foundation

1800 Cabrillo Memorial Drive

San Diego, CA 92106