

FRIENDS OF MILLER BAY MEMBERSHIP

Name _____

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Address _____

City/State/Zip _____

FOMB Memberships and Donations (Make check to FOMB).

- I include \$25 for one year Friends of Miller Bay Membership.
- I include \$100 for a one-year Friends of Miller Bay Conserving Membership.
- I include a \$_____ gift to Friends of Miller Bay

Please print and fill in this form and mail it with your check to:

Friends of Miller Bay
PO Box 37
Suquamish, WA 98392

JOIN TODAY!