

Friends of Fort McKavett Membership Application

Personal Information

Name: _____

Mailing Address:

Email Address:

Phone Number: _____

Membership Type (Select One, fees prorated at half-rate for 6-month memberships)

[] Single Annual Membership..... \$20

[] Family Annual Membership..... \$25

Family Member Names: _____

[] Corporate Annual Membership..... \$100

Memberships Renew January 1st for one calendar year

Please remit payment to:
Friends of Fort McKavett
P.O. Box 87
Ft. McKavett, TX 76841
ftmckavettfriends@gmail.com

