

NAME:

Friends of Tackapausha, Inc.

P. O. Box 2251 Seaford, NY 11783 Tackapausha@verizon.net

Membership Application

DATE_____

ADDRESS:			
PHONE #:			
EMAIL:			
If you would you like to volur would you like to help?	nteer for the Frience	ls of Tackapausha, Inc., in what ca	pacity
Helping to run progra		rail clean-ups	
Working with Scouts		pecial events	
Fundraising		ublicity	
Other:			
embership Fees:			
ash or check. Please make chec	ks payable to <i>Frie</i>	ends of Tackapausha)	
Your level of membership:			
Individual/Family:	\$15.00	Student:	\$10.0
Senior	\$10.00	Nonprofit Organization	\$25.00
Business	\$35.00	Other	\$

The mission of the FRIENDS OF TACKAPAUSHA, Inc., is to assist the County of Nassau in providing environmental education programming and activities at Tackapausha Museum and Preserve to the general public.