



# EVERGLADES OUTPOST MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to become a member:

\$100 Family

\$50 Single

I would like to make an additional donation:

Cash donation of: \_\_\_\_\_

Material or supplies: \_\_\_\_\_

A helping hand doing: \_\_\_\_\_

Please send with check or money order to:

Everglades Outpost  
35601 S.W. 192 Ave  
Homestead, FL 33034

You will receive a membership card by mail.