



Capital Area Greenbelt Association Membership Application & Information
 CAGA, P.O. Box 15405, Harrisburg, PA 17105-5405
www.caga.org ~ (717)-921-GREEN [4733] ~ @HbgGreenbelt

Application Type: _____ New Member _____ Renewal
 Membership: _____ Individual/Family (\$20) _____ Business/Organization (\$50)

I/We wish to make an additional donation in the amount of \$ _____ to be distributed to the following funds:

- \$ _____ General Greenbelt Development Fund
- \$ _____ Five Senses Gardens (Located along Spring Creek & Route 441)
- \$ _____ Mira Lloyd Dock Century Fund (Land preservation)
- \$ _____ Memorial/Commemorative Tree Fund (*for details, leave message at 717-921-4733*)

Additional donations can be made:

in memory of: _____ or, in honor of: _____

Please send a note of my commemoration/honorarium to:

Name(s): _____

Address: _____

_____ I wish to volunteer in helping to preserve the Greenbelt in the following ways (check all that apply):

Public Relations:	<input type="checkbox"/> Staff booth at local events	<input type="checkbox"/> Present talks & slide shows
	<input type="checkbox"/> Write news releases for media	<input type="checkbox"/> Serve as membership contact
	<input type="checkbox"/> Organize educational/recreational events	<input type="checkbox"/> Website/social media
	<input type="checkbox"/> Help with mailings	<input type="checkbox"/> Work on our newsletter
Greenbelt Growth:	<input type="checkbox"/> Loan tools & equipment	<input type="checkbox"/> Provide refreshments for workers
	<input type="checkbox"/> Equipment & trail maintenance	<input type="checkbox"/> Trail kiosks management
	<input type="checkbox"/> Call members to remind them of events	
Chronicler:	<input type="checkbox"/> Photograph & chronicle Greenbelt events	<input type="checkbox"/> Maintain archives or scrapbook
Fundraising:	<input type="checkbox"/> Contact local businesses for support	<input type="checkbox"/> Coordinate fundraising events
	<input type="checkbox"/> Grants	

Other: _____

Member Information:

Name(s): _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

- Is this information different from previously submitted information?* ___ Yes ___ No
- Would you like to receive newsletters and event notices via email?* ___ Yes ___ No

THANK YOU FOR YOUR SUPPORT!

CAGA values your opinion and feedback. Please include any comments or questions with your membership form; you can also email us or leave a message on our answering machine. Thank you!