

**KLAMATH SPORTSMAN'S PARK
ONLINE MEMBERSHIP FORM
ANNUAL FEE: \$ 70.00**

PLEASE PRINT

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ E-MAIL _____

PLEASE READ AND SIGN THE WAIVER . YOU WILL ALSO NEED TO SIGN IN AT THE KIOSK EACH TIME YOU VISIT THE PARK. THIS MEMBERSHIP IS VALID FOR YOU, YOUR SPOUSE, AND ANY CHILDREN UNDER THE AGE OF 18.

THIS WILL COVER YOUR MEMBERSHIP FROM 6-1 THROUGH 5-31
FOR MORE INFO VISIT OUR WEBSITE (WWW.KLAMATHSPORTSMENSPARK.COM)

MAIL TO : KSP MEMBERSHIP
P.O. BOX 596
KLAMATH FALLS, OR. 97601

THANK YOU;
LEW STORK
VICE PRESIDENT/MEMBERSHIP

_____ (please sign waiver)

new: _____

renewal: _____

(last years number)