



Cabrillo National Monument Foundation Renewal Form

Please complete the form and return with payment.

Choose a Membership Level:

- \$1,000* - Monument - you may request (1) Annual National Park Pass
- \$500* - Lighthouse - you may request (1) Cabrillo Annual Park Pass
- \$250* - Tidepool - you may request (1) Cabrillo Annual Park Pass
- \$100 – Trailblazer - you may request (1) Cabrillo Annual Park Pass
- \$50 - Explorer

Choose an Option:

- I do not need a Park annual pass.
 - I have a lifetime senior pass*
 - I already have a Park pass*
 - I will purchase a pass on my own*
 - I am a Park Volunteer*
- "Yes, please send me a Park annual pass"

MEMBER CONTACT VERIFICATION

Member Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Birthday Month/Day _____ Member E-mail: _____

PAYMENT METHOD

- Make check payable to Cabrillo National Monument Foundation or CNMF and mail to:
PO Box 6349, San Diego, CA 92166-0349
- Credit Card _____
 - Exp. Date: _____ CVV: _____ (3-4 digit security code)
 - Charge me monthly _____
 - Charge me annually _____
 - Signature: _____ Date: _____

THANK YOU FOR YOUR RENEWAL AND SUPPORT OF THE FOUNDATION 😊