

Friends of the  
**Lakewood Dog Park**



**M E M B E R S H I P F O R M**

\*Required Field

Please fill out the following form as completely as possible. You may use this form for either a monetary donation or to become a member. Membership is \$10 per person per year. All proceeds go to the Friends of the Lakewood Dog Park. You will be added to our email list which you can opt out of at anytime. If Mailing, send to:

**Friends of the Lakewood Dog Park**

**P.O. Box 770593**

**Lakewood, OH 44107**

\*Member Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

Street Address Line2: \_\_\_\_\_

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

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

\*Email (please print clearly): \_\_\_\_\_

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

Dog(s) Name(s): \_\_\_\_\_

Dog Breed: \_\_\_\_\_

Amount of Donation or Membership Dues: \_\_\_\_\_

How often do you visit the park? \_\_\_\_\_

What time of day do you typically visit the park? \_\_\_\_\_

Do you wish to be notified via email of  
lost / found dogs (you can opt out at anytime)? Yes / No

Do you wish to participate on one of the park's committees? Yes / No

Do you have any suggestions that may be used to improve our park?