

CITIZENS TO
PRESERVE BLACK HAWK PARK FOUNDATION
MEMBERSHIP FORM

(Please Print)

Name _____

Address _____

Phone _____ Cell _____

E-Mail Address _____

I am available to volunteer.

Check amount paid. ___ Family \$15.00 ___ Single \$10.00 ___ Student \$2.00

Send to: Black Hawk Historic Site, 1510 46th Ave., Rock Island, IL 61201

Paid Date: _____ Check# _____ Cash _____