

Sippewissett Association - Membership Form 2016-2017

Name _____

New member _____ Renewing member _____

IMPORTANT: For renewing members check here _____ if there are no changes to your Contact Information and leave that section blank.

Contact Information:

Winter Address (+dates) _____

Summer Address (+dates) _____

Winter Phone _____ Summer Phone _____

E-mail address _____

Where would you like your mid-June mailings delivered?

Winter address _____ Summer address _____

Additional Information:

I am making an additional contribution to support:

Water quality testing _____ Other _____

I would be interested in volunteering to help with:

_____ Board of Directors _____ Newsletters

_____ Membership recruitment _____ Mailings

_____ Socials _____ Other _____

Payment Information:

Please enclose a check for \$30 plus any additional contribution made payable to Sippewissett Association. Send to: Sippewissett Association, P.O. Box 501, Falmouth, MA 02541. (Contributions are NOT tax deductible).

OR you may pay online and complete an online Membership Form on the 'Become a Member' page at <http://www.sippewissett.org>