

Sippewissett Association - Membership Form 2017-2018 v2

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 _____

Summer Address _____

Winter Phone _____ Summer Phone _____

E-mail address _____

Please send my June mailings to:

Winter address _____ Summer address _____

Additional Information:

I am making an additional contribution (\$_____) to support:

Water quality testing _____ Unrestricted _____

I am interested in volunteering to help with:

_____ Board of Directors _____ Newsletters _____ Mailings

_____ Membership _____ Socials _____ Website

_____ Water quality monitoring

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).