



at Armstrong-Kelley Park

## MEMBERSHIP

Please print, fill in, enclose your check and mail:

DATE \_\_\_\_\_

Please indicate type of dues:

\_\_\_ Individual annual           \$25

\_\_\_ Family annual               \$35

\_\_\_ Individual Life Membership   \$150

\_\_\_ Family Life Membership   \$200

Contact information:

Local address:

Winter Address, if different

Name \_\_\_\_\_

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

**Volunteer opportunities abound at the Park. Please indicate if there are activity(ies) you have interest in.**

Weekday Gardening   Weekend Gardening   Membership   Fundraising   Education   Events

**Please fill out, enclose check , payable to CCHS, and mail to CCHS, PO Box 934, Osterville, MA 02655 Thank you.**