



PO Box 2337  
BRANFORD, CT 06405  
INFO@FARMRIVERFRIENDS.ORG

WWW.FARMRIVERFRIENDS.ORG

## Membership Form

Mr.  Mrs.  Ms. \_\_\_\_\_  
First Name Middle Last Name

Address \_\_\_\_\_

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

Home Phone (with area code) \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

### Suggested contribution (not required):

- Student: \$15     Individual: \$25     Business: \$75  
 Family: \$40     Lifetime: \$500

### Interests (Please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advisory Board      | <input type="checkbox"/> Events & Activities   | <input type="checkbox"/> Membership             |
| <input type="checkbox"/> Finance             | <input type="checkbox"/> Research & Data       | <input type="checkbox"/> Mapping                |
| <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Habitat Documentation | <input type="checkbox"/> Stewardship            |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Education             | <input type="checkbox"/> Other (describe below) |

### Skills, Contacts, Resources

Please describe any skills, contacts or resources you may have.

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### Comments

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