

MEMBERSHIP FORM



Circle one: New Member Renewal

Name _____

Address _____

Town _____ State _____ Zip _____

Phone Number () _____

E-mail: _____

Check One:

Middleborough Resident

_____ \$10 Senior
_____ \$20 Individual
_____ \$25 Family
_____ \$50 Sustaining
_____ \$500 Lifetime

Non-Resident

_____ \$15 Senior
_____ \$25 Individual
_____ \$30 Family
_____ \$50 Sustaining
_____ \$500 Lifetime

Please make checks payable to:

*Soule Homestead Education Center
46 Soule St. Middleboro, MA 02346*

Memberships are tax deductible

_____ I enclose an additional \$ _____ as a special contribution to the
Soule Homestead Education Center.

_____ I would like more information about becoming a volunteer.

Thank you for your support!!! We look forward to seeing you at the farm.

508-947-6744

E-mail: info@soulehomestead.org - www.soulehomestead.org