



MEMBERSHIP FORM

Check one: New Member

Renewal

Name _____

Address _____

Town _____ State _____ Zip _____

Phone Number () _____

If you would like to receive our newsletter and information about workshops and special events via email, please include your email:

(We will never sell or loan our email list)

Check One:

Middleborough Resident

Non-Resident

_____ \$10 Senior

_____ \$15 Senior

_____ \$20 Individual

_____ \$25 Individual

_____ \$25 Family

_____ \$30 Family

_____ \$50 Sustaining

_____ \$50 Sustaining

_____ \$500 Lifetime

_____ \$500 Lifetime

Please make checks payable to:

Soule Homestead Education Center

46 Soule Street, Middleboro, MA 02346

Thank You!

Memberships are Tax Deductible

_____ I enclose an additional \$ _____ as a 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.