



To become a member print out and return this form with your check.

Make check payable to:
Quissett Harbor Preservation Trust

Mail to:
QHPT
P.O. Box 197
Falmouth, MA 02540

Your Name: _____

If signing up for a Family Membership, list the full names of family members here. If you require additional space you may enclose another piece of paper or write in the margins.

Family Member: _____
Family Member: _____
Family Member: _____
Family Member: _____

Address: _____
City: _____ State _____ Zip _____
Phone: _____
FAX: _____
Email: _____

SEASONAL ADDRESS Starting (Month #) _____ Ending (Month #) _____
Seasonal Address: _____
City: _____ State _____ Zip _____
Phone: _____

Enclosed is my membership fee:
___ \$50.00 (Individual Membership)
___ \$100.00 (Family Membership*)
___ \$5,000.00 (Life Membership)

* Family membership: Family level membership provides benefits for two adults and their children up to 18 years old.

I want to be more involved!

Sign me up for the QHPT Online Newsletter: ___ YES ___ NO

Interested in Volunteering? If so, select an area of interest below:

___ maintain trails and land
___ organize educational programs
___ trust business (membership, events, newsletters)
___ other (specify) _____