



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 391
Falmouth, MA 02540

Your Name: _____

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

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)

The QHPT newsletter is available on our website at www.qhpt.org.