



at Armstrong-Kelley Park

MEMBERSHIP

Please print, fill in, enclose your check and mail:

DATE _____

Please indicate type of dues:

___ Individual annual \$25

___ Family annual \$35

___ Individual Life Membership \$150

___ Family Life Membership \$200

Contact information:

Local address:

Winter Address, if different

Name _____

Street _____

City, State, Zip _____

Email _____

Phone _____

Volunteer opportunities abound at the Park. Please indicate if there are activity(ies) you have interest in.

Weekday Gardening Weekend Gardening Membership Fundraising Education Events

Please fill out, enclose check , payable to CCHS, and mail to CCHS, PO Box 934, Osterville, MA 02655 Thank you.