



Armstrong-Kelley Park

MEMBERSHIP

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

DATE _____

Please indicate type of dues:

___ Individual annual

\$45

___ Family annual

\$70

Contact information:

Local address:

Winter Address, if different (dates)

Name _____

Street _____

City, State, Zip _____

Email _____

Phone _____

Volunteer opportunities abound at the Park. Contact Deirdre Dow-Chase 617-653-6718

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