



MEMBERSHIP FORM

Name: _____ Date: _____

Address: _____

Email: _____
Will be kept private; not for distribution

Phone: _____

Yes No I am interested in volunteering

<p><i>Check One</i></p> <p>Working Member (\$20) _____</p> <p>Contributing Friend (\$35) _____</p> <p>Sponsor (\$100 or more) _____</p>

GPIP's Membership year is Jan.1 to Dec. 31st.
New members joining after Oct. 1st receive member benefits through the full following year.
Please make your tax deductible donation payable to **GPIP** Inc. and send to:

Glastonbury Partners in Planting, Inc.
P.O. Box 378
South Glastonbury, CT 06073