



## MEMBERSHIP FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Will be kept private, not for distribution

Phone: \_\_\_\_\_

*I am interested in volunteering:*  Yes  No

***Check One***

Volunteer Member \$25

Contributing Friend: \$50

Sponsor: \$100 or more

GPIP's membership year is Jan. 1st 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** and send to:

**Glastonbury Partners in Planting, Inc.**

**P.O. Box 378**

**South Glastonbury, CT 06073**