

MEMBERSHIP FORM

Yes, I would like to support the work of the Trust and become a part of its conservation efforts.

Name

Summer Contact Information	Winter Contact Information
Address	Address
City	City
State Zip	State Zip
Phone home work	Phone home work

Email address

\$1,000 _____ \$500 _____

\$100 **\$35**

Other \$

I would also like to make a gift to the Land Acquisition Fund of \$

Please send your tax deductible check to:

**Wellfleet Conservation Trust
PO Box 84
Wellfleet MA 02667**