



ANNUAL MEMBERSHIP FORM

Revised June, 2011

80 Skillings Road • Winchester • MA • 01890

Phone: 781-721-2050 Fax: 781-721-0137

wincam@wincam.org

Name: _____ Organization: _____

Address, City, Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail: _____ Birth Date (if under 18): _____

Please check here if you would NOT like to receive WINCAM info via e-mail.

Memberships: *New Membership* *Renewal*

_____ Individual Membership - \$25.00

_____ Senior/Student Membership - \$10.00

_____ Family Membership - \$45.00 (List Names Below)

_____ Organizational Membership - \$100.00 (List Names of up to 5 Producer-Trainees Below)

List Family / Organizational Members:

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| 1.) | _____ | _____ | _____ |
| 2.) | _____ | _____ | _____ |
| 3.) | _____ | _____ | _____ |
| 4.) | _____ | _____ | _____ |
| 5.) | _____ | _____ | _____ |

WinCAM is a non-profit corporation that gladly accepts deductible donations. Donation \$ _____

Member Signature: _____ Date ____/____/____

Organizational Title: _____

Parent or Guardian for Members under 18: Signature: _____

Print Name: _____ Date: ____/____/____

(OFFICE USE ONLY)

Payment Method: _____ Amount: _____

Received By: _____ Date: _____

Orientation and Agreement? : _____

Database Updated? : _____ Initials: _____