

**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**