

Membership Form

Drop it!

28 Cutler St.
Stonington

Fax it!

(860)535-2324

Mail it!

P.O. Box 286
Stonington CT 06378

Name(s) of adult account holder:

Prefix _____ First Name(s) _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

★ COMO Membership ★
PLEASE CHECK
<u>General Memberships</u>
_____ Youth (under 18) \$35.00 Name _____
_____ Individual Adult \$75.00
_____ Family (includes children under 18) \$100.
_____ Full Membership \$175 (includes duBois beach & Sandy Pt)
<u>Contributing Memberships</u> (Includes full membership privilege beach passes. Amount over \$200.00 is tax deductible)
_____ Benefactor \$250.00
_____ Friend \$500.00

★ Beach Membership ★
<u>duBois Beach Memberships</u>
_____ Individual \$70.00
_____ Family \$90.00
_____ COMO Member*(individual) \$50.00
_____ COMO Members* (family) \$65.00
<u>Sandy Point Island Membership</u>
_____ Family \$65.00
_____ COMO Members* (family) \$35.00
*Beach Memberships may be purchased at the COMO Members price only if you have a current Individual Adult, or Family COMO membership .

Payment Type:

Cash

Check (payable to Stonington Community Center)

Charge card

I hereby understand and agree that the Stonington Community Center, its employees, volunteers and Board of Governors will not be held liable for any accident or injury incurred by participants while traveling to and from or participating in the above mentioned trips or activities.

Signature: _____ Date: _____

For credit card customers only

Card number: _____ exp. date: ____/____/____



For office use only		
Amount Pd. _____	Receipt # _____	Date Sold _____
Computer _____	Initials _____	Expiration Date _____