

THIS FORM IS PRINTABLE

I am joining Friends of Fresh Pond Reservation:

Name(s) (Please Print) _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

Phone (Optional) _____

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Amount Enclosed (Check or money order: no cash, please)

_____ Membership for the current year, starting January 1 **(\$10)**

_____ Additional Donation (Optional)

_____ Total

Please send me notices about events: (Check one)

_____ Never

_____ At this e-mail address _____

Make out check to "**Friends of Fresh Pond Reservation**"

Mail to:

Friends of Fresh Pond Reservation

31 Mount Pleasant Street

Cambridge, MA 02140

Your membership fee is NOT tax-deductible at this time.