



Friends of Wompatuck Membership/Donation Form

Name: _____

Additional Family
Members: _____

Email Address: _____

Mailing
Address: _____ Street

_____ City

_____ State

_____ Zip Code

Telephone #: _____

- Membership
Category:
- Individual - \$15
 - Family - \$25
 - Benefactor - \$100
 - Corporate - \$200

Donation
Amount: \$ _____

Please send this form and a check (payable to Friends of Wompatuck) to:

FOW
PO Box 612
Hingham, MA 02043