

Friends of Carnwath Farms and Historic Site and Park, Inc.

Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

I would like to support the organization and am interested in volunteering.

Please indicate area(s) of interest / expertise:

- | | | | | | |
|-----------------|--------------------------|----------------|--------------------------|-------------------------|--------------------------|
| Fundraising | <input type="checkbox"/> | Tour Guide | <input type="checkbox"/> | Clean up/work days | <input type="checkbox"/> |
| Media | <input type="checkbox"/> | Communications | <input type="checkbox"/> | Environment/ecology | <input type="checkbox"/> |
| Membership | <input type="checkbox"/> | Gift shop | <input type="checkbox"/> | Events/Special programs | <input type="checkbox"/> |
| Office/clerical | <input type="checkbox"/> | Gardens | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> |

Annual Membership Dues:

Under age 21 & Seniors above age 55 - \$10

Individual - \$25

Family - \$40

Annual membership dues can be paid by cash or by check. If you pay by check, please make it payable to Friends of Carnwath. Mail to: Friends of Carnwath, PO Box 579, Hughsonville, NY 12537.

The submission of this application affirms that the facts set forth in it are true. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me may result in my immediate dismissal. I further understand that neither the Friends of Carnwath, The Town of Wappinger, Sports Museum of Dutchess County or any other individual/entity is not responsible for any injuries, losses, etc.

Signature: _____ Date: _____

Name printed: _____