



Name _____ Date _____

Address _____ Apt No. _____

Town _____ State _____ Zip Code _____

Phone _____

Email _____

Membership Type

Additional Family Members*

Individual \$25

Student/Senior \$15*

Family \$50

Non-profit \$50

*Minors must have a parental permission and indemnification form on file.

Business \$150

Government

Please fill out the following if you are joining as part of a non-profit organization or business. Organizations and Businesses must also file a group form form.

Organization _____

Address _____

Town _____ State _____ Zip Code _____

Website _____

Phone Number _____ Email _____

Mashpee TV use only

Date _____ Paid Cash _____ Check# _____ Member # _____

Received by _____ Proof of Residency _____