



Membership Application

Name _____ Date _____

Address _____ Apt No. _____

Town _____ State _____ Zip Code _____

Phone _____

Email _____

Membership Type

Additional Family Members**

Individual \$9.99

Student/Senior \$4.99*

Family \$19.99**

Organizational \$29.99

Business \$99.99

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

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.

Organization _____

Address _____

Town _____ State _____ Zip Code _____

Website _____

Phone Number _____ Email _____

Mashpee TV use only

Date _____ Paid Cash _____ Check# _____ Member # _____

Received by _____ Proof of Residency _____