MEMBERSHIP FORM

Name: ___________________________________________

Address: ___________________________________________

City/Town: __________________________ State: ______ Zip Code: __________________

Phone: __________________________ E-mail: __________________

Membership Categories & Annual Dues
(Please check one.)

☐ Student/Senior $15
☐ Individual $25
☐ Family $50
☐ Contributing $100
☐ Sustaining $250
☐ Leader $500
☐ Visionary $1000

Additional Donation: $ ____________
(All gifts are tax deductible.)

TOTAL ENCLOSED: $ ____________

Send this form with payment to:
The Weeks Brick House, P. O. Box 93, Greenland, NH 03840
(Please make your check payable in U.S. currency to the Weeks Brick House & Gardens. Thank You!)