

**NAUSET NEWCOMERS MEMBERSHIP**

**PO Box 2515**

**Orleans, MA 02653-2515**

**PLEASE PRINT CLEARLY**

**Renewals please circle any changes**

**Member Type (Circle One): NEW or RENEWAL**

**Amount Enclosed: (\$15 per person) \_\_\_\_\_**

**Check or Cash**

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**Name(s) Last: \_\_\_\_\_ First (1): \_\_\_\_\_ First(2): \_\_\_\_\_**

**Address: \_\_\_\_\_**

**PO Box: \_\_\_\_\_**

**Town: \_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_ - \_\_\_\_\_**

**Email Address: (1) \_\_\_\_\_**

**(2) \_\_\_\_\_**

**Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Where From: (Town, State) \_\_\_\_\_, \_\_\_\_\_**

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**How you learned about us: \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Brochure \_\_\_\_\_ Mailing \_\_\_\_\_ Newspaper**

**\_\_\_\_\_ Radio \_\_\_\_\_ Other (Please Explain): \_\_\_\_\_**