

APPLICATION FOR MEMBERSHIP

Applicant

Name: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Contact: _____

Membership Type

☐ Individual

☐ Family/Dependents

Family members: (Names, relationships) _____

Qualifications

☐ Year-Round Resident: Nr. of years _____

☐ Harpswell Veteran

☐ Seasonal Resident: Nr. of years _____

☐ Non-Resident: Heritage details _____

Burial Rights

☐ Interested in acquiring now.

☐ Interested at a future time.

Describe: _____

Initial Fee

☐ \$200. Enclosed. Includes first year's dues
(Refundable if application is not approved.)

Agreement

If approved as a member, I (we) agree to abide by
Association rules and regulations.

Signature of Applicant: _____

Date: _____