



## MEMBERSHIP APPLICATION

Individual lifetime membership is \$35. As a member, you will receive our newsletter and will be a voting member of the organization. For each additional membership, please complete an additional application. Membership cards and information will be mailed to you.

Please mail this form along with your check to:

**WHPA  
PO Box 584  
Saxtons River, VT 05154-0584**

Date \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Individual lifetime membership \$ 35.00

Unrestricted donation \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

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Membership # assigned \_\_\_\_\_