Friends of Wompatuck
Membership Application

Name: _____

Additional Family Members: 1._____ 2. _____

3._____ 4. _____

Type of Membership ○ New ○ Renewal

E-mail address: _____

Mailing Address: _____

Street

_____ _____ _____

City State Zip Code

Telephone #: _____

Membership Category:
○ Individual - $15
○ Family - $25
○ Benefactor - $100
○ Corporate - $200

Please send this form and a check,
payable to Friends of Wompatuck, to:

FOW
79 Whitcomb Avenue
Hingham, MA 02043