



JOIN/RENEW

Print and mail this form with your check payable to:

North Stamford Association
P.O. Box 16830
Stamford, CT 06905

Select Membership Level:

- .. Friend (\$25)
- .. Sponsor (\$50)
- .. Patron (\$100)
- .. Benefactor (\$125 and above)

Membership Type:

- .. New Member
- .. Renewing Member

Member Number (if known)

Name(s):

House Number and Street:

City, State Zip:

Phone:

Email: