



MEMBERSHIP FORM

Yes, I want to be a supporter!

Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I am sending a (tax deductible) contribution of:

- \$10 Individual Member
- \$20 Family Member
- \$50 Association Member
- \$75 Business Member
- \$100 Patron
- \$250 Benefactor
- \$ Other _____

In addition to the membership contribution, I would like to volunteer to help.

Areas of Interest: _____

Make checks out to and send to: Newfound Pathways, P.O. Box 112, Hebron, NH 03241