



Membership, Volunteer, and Donation Form

*Please complete the sections relevant to your interests and mail to
P.O. Box 937, Marion, MA 02738 along with your check.*

Personal Information

Your Full Name _____

Email Address _____

Phone Number _____

Mailing Address _____

Membership Enrollment

Please select your desired membership level:

- I'm a Forever Friend:** \$_____
- I'm a Best Friend:** \$500
- I'm a Good Friend:** \$100
- I'm a Friend:** \$25
- I'm Donating:** \$_____

Preferred method of payment:

- Check** (Please submit with membership form. All checks should be payable to "FMCOA".)

Volunteer Interest

If you're interested in volunteering, please indicate below:

- I am interested in volunteering with FMCOA.**
- I am interested in volunteering with COA.**

Preferred method of contact to discuss volunteer opportunities:

- Phone
- Email

Donation

If you wish to make an additional donation beyond membership:

Donation Amount: \$ _____

Preferred method of payment:

- Check** (Please submit with membership form. All checks should be payable to "FMCOA". We will provide you with an acknowledgement.)

Additional Comments or Questions

Please provide any additional information or inquiries: