



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".)
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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**
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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.)
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Additional Comments or Questions

Please provide any additional information or inquiries:

By submitting this form, you agree to be contacted by FMCOA regarding your selected interests. Your information will be kept confidential and used solely for organizational purposes.