



MEMBERSHIP FORM

CARE for the Cape & Islands

Membership runs January 1-December 31. **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

ORGANIZATION			
CONTACT NAME			
TITLE/POSITION	TELEPHONE	()	
STREET ADDRESS MAILING ADDRESS TOWN/CITY	EXTENSION		
ZIP CODE	FAX #	()	
	MOBILE PHONE	()	
	EMAIL		
	WEB ADDRESS		

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
INDIVIDUAL	Individual supporter/Home based business	\$25	
	Bed & Breakfast	\$50	
	Small to medium company	\$100	
BUSINESS	Chamber of Commerce	\$150	
	Large Business	\$250	
CORPORATE	Corporation	\$500	
STUDENT	Fulltime Student	\$15	
WeNedaVacation.com			
PAYMENT	Please make check payable to "CREST"		

SECTION 3: MEMBER INFORMATION

Additional company members and Email address:

May we add you to our email list? Yes No **May we list you as a member on the CARE website?** Yes No

Would you be willing to host an event? Y or N

If so, when?

Would you like to participate in a training session on CARE? Yes No **Would your staff?** Yes No

Please indicate if you would be willing to serve on the Advisory Board or a committee:
 Yes Not at this time

Please indicate your areas of interest (ie: marketing, strategic planning, membership, fundraising, other)

Permission to use photographic images:
Photographs of CARE members may be used in various CARE communications including the newsletter, marketing material and website. Group photographs taken at CARE events may be used without identifying individual members. Your membership acknowledges the right of CARE to use your image.

Date: _____ **Signature:** _____

PLEASE MAIL THIS COMPLETED MEMBERSHIP APPLICATION AND A CHECK MADE PAYABLE TO "CREST" TO: CARE for the Cape & Islands, P.O. Box 638, Yarmouth Port, MA 02675.
Email any questions to: jill@careforthecapeandislands.org