



Please print and return to:
 SOLF Treasurer
 Post Office Box 345
 Southborough, MA 01772

Membership Form

| | |
|---|--|
| Name | |
| Address (If New Member or if you have moved) | |
| Telephone | |
| Email | |

Membership Levels:

- \$25 Individual
- \$50 Family
- \$100 Supporting
- \$250 Stewards
- \$500 Sponsor
- \$1000 Benefactor

SOLF's annual membership now coincides with the calendar year. If you prefer to donate at the end of the year, that's fine.

We will remember to send a reminder!

Amount of Check Enclosed: \$ _____

INTERESTS:

- _____ I would like to assist with projects
- _____ I would like to assist with mailings
- _____ I would consider serving as a Trustee

Thank You
 For Your Membership