



**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