

*friends of*  
**Sholan Farms**<sup>®</sup>  
**MEMBERSHIP**

YES, I would like to volunteer. Please call me at \_\_\_\_\_

**Select your membership level**

Friend	___	\$ 25.00
Business	___	\$ 250.00
Corporate	___	\$ 500.00
Donation	___	\$ _____

Total Enclosed:

\$

**Send this form and check** (*made payable to Friends of Sholan Farms*) **to:**  
Friends of Sholan Farms, P.O. Box 632, Leominster, MA 01453.

Please update as necessary.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL address: \_\_\_\_\_

Please include all the above contact information so that we can provide you with the best service possible. We would like to be as environmentally friendly as we can, by sending notices via e-mail, so please include your e-mail address if applicable.  
***Thank you!***