

New Member Application Form
Wellesley Media Corporation
310 Washington Street, Suite 206
Wellesley, MA 02481

Type of Membership (Check One):

Individual _____ **Organizational** _____ **Family** _____ **Non-Profit** _____ **Intern** _____
\$15/yr \$100/yr (4 members) \$30/yr (4 members) \$50/yr (4 members) Free
\$5 seniors & Students

Proof of local residency or employment required. Non-Profit memberships require proof of 501c3 Status.

Member Information: Check Here is under 18 years of age

Name: _____

Address: _____

Phone #: () _____

Email: _____

Name of Organization: _____

(Organizational or Non-Profit Membership Only)

Payment Information

Amount Paid \$ _____ **Cash** **Check#** _____

Date of Payment: ____ / ____ / ____

Membership must be renewed annually.

How Did You Hear About The Wellesley Media Corporation?

What would you like to accomplish as a member here?

****Please sign and date on back of form**

