



NEW MEMBER REGISTRATION FORM

Revised September, 2015

32 Swanton Street Winchester, MA 01890

Phone: 781-721-2050 Fax: 781-721-0137

wincam@wincam.org

Name: _____ Organization: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail: _____ Birth Date (if under 18): _____

Please check here if you would NOT like to receive WINCAM info via e-mail.

Membership Options:

_____ Individual Membership - \$25.00

_____ Senior or Student Membership - \$10.00

_____ Family Membership - \$45.00 (List Names Below)

_____ Non-Profit Organizational Membership - \$50.00 (List Names of up to 5 Producer-Trainees Below)

_____ Business Membership - \$100.00 (List Names of up to 5 Producer-Trainees Below)

List Family / Organizational/Business Members:

Name	Address	Phone	Email
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____
5.) _____	_____	_____	_____

WinCAM is a non-profit corporation that gladly accepts deductible donations. Donation \$ _____

Member Signature: _____ Date ____/____/____

Organizational Title: _____

Parent or Guardian for Members under 18: Signature: _____

Print Name: _____ Date: ____/____/____

(OFFICE USE ONLY)

Payment Method: _____ Amount: _____

Received By: _____ Date: _____

Orientation and Agreement? : _____

Database Updated? : _____ Initials: _____