

ENROLLMENT FORM

*Please complete this card and
return with payment to
Coggeshall Farm Museum,
P.O. Box 562
Bristol, Rhode Island, 02809*



NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

Number of Children or Grandchildren under 18: _____


PHONE: _____

EMAIL: _____

NEW MEMBER: _____ RENEWAL: _____



INDIVIDUAL  1 Year, \$20.00 _____

*FAMILY  1 Year, \$40.00 _____

SUPPORTING  1 Year, \$50.00 _____

SUSTAINING  1 Year, \$100.00 _____

SPONSOR  1 Year, \$250.00 _____

LIFETIME  Donations above \$1,000 _____

CHECK NUMBER: _____

*Contributions in addition to basic membership
fees are Tax Deductible.*



* (Two Adults and their Children or
Grandchildren under 18)

Coggeshall FARM
MUSEUM