

Friends of the Mother Bailey House Membership Application

Name: _____ **Date:** _____

Address: _____

Telephone Number: _____ (home) (work) (cell)

Email Address: _____

Choose a membership level*:

- Individual Member (\$25)
- Student (age 18 or older) or Military Member (\$15)
- Family Membership (\$45) (2 votes)
- Individual Lifetime Membership (\$1000)
- Small Business Member (\$100)
- Corporate Member (\$250)

*All levels are one vote unless noted.

If you would like to mail a check, please make it payable to :

Friends of the Mother Bailey House Foundation, Inc.

Mail to:
Friends of the Mother Bailey House
P.O. Box 422
Groton, CT 06340