



2024 "FRIENDS" MEMBERSHIP

Join the Friends of the Carver Council on Aging

We are here to help and support the Carver Council on Aging (COA) in all its endeavors working with the seniors in our towns.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthday: (mm/dd) _____

What is your preferred method of communication? (mark all that apply)

___ Email ___ Text ___ Phone

Would you be interested in volunteering to work on activities or functions of the "Friends"?

___ YES ___ No

BECOME A MEMBER

YES! I would like to be a Friend of the Carver COA!

___ \$10.00 Annual Membership Fee

___ Additional donation: \$ _____

Total: \$ _____

Paid by ___ cash ___ check (check no) _____ ___ on-line

___ Membership card issued ___ receipt

Please make your check payable to Friends of Carver COA, Inc

Mail this Membership Application and check to:

Friends of Carver COA, Inc
P.O. Box 72
Carver, MA 02330 Attn: Alice/Jackie

Other payment options:

- Drop by the COA and leave this Membership with your payment of cash or check with the Director's Office.
Visit our website at https://www.friendscarvercoa.com/support-us and complete the Membership Application and pay there.

THANK YOU FOR YOUR SUPPORT!!!