

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 town.

Name:		
Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

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

Email Text Phone Website

Would you be interested in volunteering to work on activities or functions of the "Friends"? YES NO

If YES, how would you want to volunteer? List your talents and describe ways you might plug in. _____

BECOME A MEMBER

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

\$10.00 Annual Membership Fee
 Additional donation: \$ _____
Total: \$ _____

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

Other payment options:

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

THANK YOU FOR YOUR SUPPORT!!!