Arlington Family Connection

supporting children six and under and those who care for them

P.O. Box 150 • Arlington, MA 02476 • www.arlingtonfamilyconnection.org

Membership Form

☐ **New member** ☐ **Renewal** Date: _____

Name(s):_____

Street: _____

City/State/Zip: _____ Phone: _____

Email Address(es):_____

AFC newsletters are sent out via email. If you prefer to receive a printed newsletter, then please email or call us with your request and we will be happy to mail it to you.

Would you like to receive occasional email from AFC? (e-bulletin, special event announcements, etc.)
☐ Yes ☐ No, please send the newsletter only

I would describe myself as:
☐ Employed part-time ☐ Employed full-time
☐ Stay-at-home Parent ☐ Other _____

Please list your child(ren): (if applicable) *If you need extra space, please use the back of this form.*

Name(s)	Gender	Date of Birth (mo/year)

School District: (please circle one for geographic location even if you don't have kids in school)
Bishop Brackett Dallin Hardy Peirce Stratton Thompson Out-of-Town

Would you like to be contacted about volunteering? ☐ Yes ☐ No

Volunteer Interests (please check all that apply):
☐ Events/Parties ☐ New Parent Outreach ☐ Newsletter ☐Outings with Kids
☐ Outings without Kids ☐ Playgroups ☐ Seminars ☐ Web Site ☐ Email Bulletin
☐ Childcare & Preschool Options ☐ Membership ☐ Working Moms ☐ Community Service
☐ Kindergarten Connections ☐ Treasurer/Clerk ☐ Publicity ☐ Other _____

To help us serve Arlington and our members better, we'd like to hear from you.
How did you hear about us? How can we best serve your needs?
Is there anything else that you'd like to tell us? *Please use the back of this form.*

Membership Fees *(fee assistance is available):*
Check the month joining to figure out your initial membership fee.
All memberships renew in August and begin again September 1st for a flat $20 per year.
☐ $25 (Anytime) "Sponsor Member" enjoy the usual benefits of membership *plus* make a $5 donation to help support new AFC programs.
☐ $20 (August/September/October) ☐ $15 (November/December/January)
☐ $10 (February/March/April) ☐ $5 (May/June/July)
☐ Send a gift membership to the person below, and say it's from me!
Recipient's Name(s): _____
Address/City/State/Zip: _____
Phone: _____ Email: _____

Please make check payable to **Arlington Family Connection,** and mail it to us with this form.
Questions? Contact Leah Nelson, 781-316-2848 or *membership@arlingtonfamilyconnection.org*
Thank you and welcome!