



Eastern Massachusetts  
**HAWK WATCH**

## Membership Form

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

- I am a new member.                       I am renewing my membership.
- Contact me about helping at hawk watch sites.

**Membership Dues:**

*Dues are for fiscal year September 1 through August 31 of the following year. Dues and gifts are NOT tax-deductible.*

- Supporting \$40
- Contributing \$25
- Individual \$15
- Additional Gift to EMHW \$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

Please make checks payable to "EMHW" and mail with this form to:

Eastern Mass Hawk Watch

PO Box 663

Newburyport MA 01950