



MEMBERSHIP FORM

Member Names: _____

Sugarhouse Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Website Address: _____

I am interested in the following:

- Volunteering at the Caledonia County Fair Sugarhouse to help support Association
- Being on the Caledonia Maple Association Board of Directors
- Being a representative for the Caledonia Board on the state board

Social Media & Website Release of Information:

- I grant Caledonia Maple Association permission to make the information above available on the Caledonia Maple Association website, Caledoniamaple.com.
- I grant Caledonia Maple Association permission to post words and images to social media, Caledonia Maple Association publications and promotional materials for use in connection with the activities of the Association.

Yearly membership dues are \$5.00

Please send check payable to Caledonia Maple Association to:

Caledonia Maple Association
292 Messier Road
East Hardwick, VT 05836

Signature

Date