

Print and fill out the form and send it to us at the address below.

*Membership Application*

Madison Land Conservation Trust, Inc.  
P.O. Box 561  
Madison, Connecticut 06443

Please Print **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town, State, ZIP:** \_\_\_\_\_

**Membership Category** (check one):  Annual Individual \$20.  Annual Family \$30.  Life member \$300.

I'd like to make an additional **Contribution** of (check one):  \$25.  \$50.  \$100.  \$500.  \$\_\_\_\_\_

I'd like to volunteer. My phone number is (\_\_\_\_) \_\_\_\_\_

My e-mail address is \_\_\_\_\_

*Your contribution is tax deductible.*

Thank you for your support!