



## 2011 ARCH Membership Form

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- Individual Membership \$15.00                       Business Membership \$100.00  
 Family Membership \$25.00                       Additional Donation \$ \_\_\_\_\_  
 I would like to volunteer with ARCH      Email Address: \_\_\_\_\_

Please return the completed form and mail it with your check payable to:  
ARCH, P.O. Box 16, Rollinsford, NH 03869