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## *Membership Form*

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### **For Organizations**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Representative of your organization who will have the authority to vote on your behalf:

Name of representative: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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### **Dues**

The dues for all member organizations will be \$100, except for organizations with total revenue less than \$200,000, who may pay 0.05% of total revenue.\*

Please remit dues with this form and send to:      Massachusetts Rivers Alliance  
14 Beacon Street, Suite 706, Boston, MA 02108

Thank you so much for joining the Massachusetts Rivers Alliance!

We welcome you and your help in making the Alliance a success.

\*Line 12 on IRS Form 990.

