**CENTER STREET CEMETERY ASSOCIATION, INC.** Application for Membership

Membership in Center Street Cemetery Association, Inc. is open to any person age 18

or older, who is either a resident of the Town of Wallingford or can prove that he or

she is a descendant of any person laid to rest in the Center Street Cemetery.

The Association is a 501(c)(13) charitable organization. Thus membership dues and

contributions are tax deductible.

Meeting notices and communications are sent by email. If you do not have an email

address, the Association will communicate with you by regular mail.

Mail your application and payment to:

Center Street Cemetery Association, Inc.

Attention: Secretary

P O Box 523

Wallingford, CT 06492-0523

 (Cut here and mail the bottom portion with your payment.)

**………………………………………………………………………………………….**

As a member of Center Street Cemetery Association, you agree to uphold the goals,

mission and objectives of the Association and the Board of Directors; abide by the

Association’s Rules and Regulations; support the Association and its endeavors; and

refrain from harassing, threatening, maligning, defaming, or disparaging fellow

Association members, directors, officers, employees, clients, customers or anyone

connected to the Association in any manner.

 Please check one**:**     New member \_\_\_\_ Renewal \_\_\_\_ Life member \_\_\_\_  Family ­­­­\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_         $25 Individual

Name                                                                                                        $40 Family

                                                                                                                $250 Life­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_      Other                             Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

City, State, ZIP Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Family Application, Name of other voting family member (over the age of 18)

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If Family Application, Name(s) of non-voting family members (under the age of 18)

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Phone number (optional)

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Name of Relative at rest in Center Street Cemetery

(Not required for residents of Wallingford)