



PLYMOUTHFIRST
APPLICATION

NEW

General Membership

Contact Info:		Date:	
First Name		Last Name	
Street Address		Zip	Precinct (1-15)
Phone (check one): Mobile <input type="checkbox"/> Land line <input type="checkbox"/>		Email:	

General Info: (optional)	
Please tell us how you heard about PlymouthFirst?	<i>Check one:</i> <input type="checkbox"/> Friend or relative <input type="checkbox"/> PlymouthFirst Member <input type="checkbox"/> Social media <input type="checkbox"/> Plymouth Town Official <input type="checkbox"/> News media (online) <input type="checkbox"/> News print media <input type="checkbox"/> Other _____
Please tell us about yourself:	Are there any specific industries you have worked/are working in that you would like to share, such as? <i>(Check all that apply)</i> <input type="checkbox"/> Government (state/fed) <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government (local) <input type="checkbox"/> Legal <input type="checkbox"/> Healthcare & social assistance <input type="checkbox"/> Military <input type="checkbox"/> Finance and Insurance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional, technical serv <input type="checkbox"/> Construction <input type="checkbox"/> Education: K-12; Higher Ed <input type="checkbox"/> Arts, Entertainment and Recreation <input type="checkbox"/> Accommodation/food service <input type="checkbox"/> Other _____

General Membership:	
Annual Dues (based on calendar year)	\$20.00*
Please send a check for \$20.00 with completed application to Treasurer, PlymouthFirst, Inc., P.O. Box 1011, Plymouth, MA 02362	Note (*) Annual dues are not Federal or State tax deductible

Please do not write below this line.

Approved:			
Member Type: General		Paid: \$20.00	
Treasurer: _____		Date: _____	
Membership Start Date:		Membership Expiration Date:	