



Membership application for March 1, 2025 to March 1, 2026

Primary Member Name:

_____ Date _____

Name of spouse or significant other, and children that live in household who will be participating:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Address: _____ (street)
_____ (town) _____ (state) _____ (zip code)

Primary e-mail address: _____ @ _____

Primary Phone #: _____ - _____ - _____

Individual membership \$20 per person.

Family membership in household \$20 for primary member.

\$15 for each additional family member.

Please make check to South Shore Garden Tractor Pullers

Total \$ _____

Mail to South Shore Garden Tractor Pullers (SSGTP) PO BOX 1600 Westport MA 02790

Please cut here for SSGTP receipt www.SSGTP.com

Date dues paid on: _____ Name: _____

Total Cash \$ _____ Total check \$ _____ Check # _____