

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Cell Home Business _____

Email: _____

Membership Types:

- UC Resident
\$10 suggested
- UC Business/
Commercial
Building Owner
\$35 suggested
- UC Institution/
Nonprofit
Organization
\$35 suggested



Upham's Corner

Main Street

Membership Application 2011

Expires 12/31/11

Please return to:

545 Columbia Road

Dorchester, MA 02125

tel: (617) 265-0363 fax: (617) 265-3792

email: membership@uphamscorner.org

Enclosed: \$ _____

Bill Me: \$ _____