

New Member Application



Name:		
Other family members (if applicable)		
Other family members (if applicable)		
Other family members (if applicable)		
Address:		
City, State:		
Phone:		
E-mail address:		
Descendant of (if known):		
Membership type: (fee per family)	Life @ \$300	
	Regular @ \$20/yr	
	Sustaining @ \$40/yr	
Special gifts (optional)	PFA Computer/ Website Fund	
	Parsons Homestead Maintenance	
	100-year Reunion Fund	
	Parsons House Fund	
Total		

Please make checks payable to (and address):

Parsons Family Association, Inc

PO Box 603

Conway, MA 01341