



Dedham Community House Program Registration Form

First Name: _____ Last Name: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Main Phone #:(____) _____ - _____ E-Mail Address _____@_____

Parent's Name (if. Under 18) _____

Emergency Contact Name: _____

Phone#: _____

DCH Member: YES NO (If interested in becoming a DCH member see below)

Class Name: _____ Cost: \$ _____

Class Name: _____ Cost: \$ _____

Class Name: _____ Cost: \$ _____

Class Name: _____ Cost: \$ _____

Total Due: \$ _____

Please make all checks payable to the Dedham Community Association.

Dedham Community Association Membership Information

If you are not a current member and would like to become one now to take advantage of the membership discount, check off your membership preference listed below, and include that amount with your payment. Memberships are active for 12 months from (and including) the month of purchase.

INDIVIDUAL MEMBERSHIP - \$35 (18+ yrs old)

SENIOR MEMBERSHIP - \$25

LIFETIME MEMBER - \$250

FAMILY MEMBERSHIP - \$50

SPONSOR MEMBER - \$100

BENEFACTOR MEMBER - \$1,000

Mail registration form and payment to:

Dedham Community Association

671 High Street

Dedham, MA 02026

We look forward to seeing you around the Dedham Community House!