KITES OVER NEW ENGLAND

MEMBERSHIP APPLICATION

New (___) Renewal (___) Gift (___)

Member's Name(s): If a family membership please add all names.

_____

_____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail _____

Dues: $10.00 ____ per year. All memberships renew on January 1st each year.

How did you hear about us? _____

Are you a member of the American Kitefliers Association (AKA)? Yes (___) No (___)

Thank you for joining Kites Over New England. With membership you will receive two free iron on or sew on patches.

Kites Over New England Web site: http://www.kone.org

Mail completed form and payment to

Kites Over New England
11 W. Bowers St #2
Lowell MA 01854
United States