



COMMUNITY
BOATING
INC.

B O S T O N

UNIVERSAL ACCESS PROGRAM REDUCED FEE FORM

Name: _____

Date: ____/____/____

Address: _____

City/Town: _____ State: ____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

I affirm that I am unable to pay the full price of a full-year Universal Access Program Membership. I understand that by completing this form, I will be offered a full-year Universal Access Program Membership at a reduced price of \$1.

I would like to make an additional charitable contribution of \$_____ to Community Boating.

Signature

Date

If you are mailing this form, please include your payment in the form of check. Please write separate checks for your \$1 membership fee and, if you choose, your charitable contribution.

FOR OFFICE USE ONLY

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Date received ____/____/____

Universal Access Program full-year Membership

Membership Amount: \$1 Donation Amount: \$_____

Authorized: _____

Staff Signature