

**Castle Island Association
Membership Application**

Annual Membership \$10.00 Per Person

Valid thru October 31st

New ___ **Renewal** ___

Name (s) _____

Address _____

City _____ State ___ Zip _____

Phone _____

Signature _____

www.castleisland8.com

(857) 250-7755

**Check also includes a Tax-Deductible
Contribution to be used for:**

- ___ Historical Committee
- ___ Children's Magical Halloween Castle
- ___ Band Sponsorship/Evacuation Day Parade
- ___ State and Colonial Flags at Castle Island
- ___ Cannons for the Castle Fund
- ___ Thomas Martin Music Scholarship
- ___ Easter Sunrise Service at Castle Island
- ___ Bob Toland Memorial Media Room
- ___ Tom McCabe Memorial Room
- ___ The Beautification of Castle Island
- ___ Christmas Lighting on Castle Island
- ___ Other _____

Mail Check To...

**Castle Island Association
P.O. Box 342, South Boston, MA 02127**