

Old West Church  
Association  
P.O. Box 73  
Calais VT 05648



**Old West Church Membership Enrollment Form**

I, \_\_\_\_\_, attest that I am at least 16 years of age and wish to be a member of the Old West Church. I understand that this membership is in force for one year from the date of the most recent Annual Meeting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date