

**Avery Memorial Association
Annual Meeting Registration Form**

Member Name: _____
Address: _____
City: _____
State: _____ **ZIP / Postal Code:** _____

Email: _____
 Is this your first time at the Annual Meeting? Yes No
 Which child of Capt. James Avery are you descended from? _____

Adult Registration

How many adults in your party? Number of Adults: _____

Adult Pricing:

\$50 per person (1 adult)
 \$45 per person (2 or more adults includes \$5 discount per adult)
 Subtotal (Adults)

Children Registration (Ages 7–13)

How many children ages 7–13?: _____

Child Meal Price: \$40 per child
 (No additional discounts apply)

(Number of Children) × \$40 = \$ _____
 (Include ages; children under 6 are free)

Attendees & Meal Selections

Include yourself and all guests. Children 14+ are counted as adults. Children age 7–13 must select a meal. Children 6 and under do not require meal selection.

Name	Clambake	Chicken	Cauliflower
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Membership Dues

Dues July 1, 2026 to June 30, 2027:
 Annual Dues (individual) at \$25 each \$ _____
 Family Dues at \$35 each \$ _____
 (same household)
 Life Membership at \$500 each \$ _____
 Tax-deductible Contribution \$ _____
Total \$ _____

Adults Subtotal \$ _____
 Children Subtotal (Ages 7–13) \$ _____
 Additional Contribution (optional) \$ _____
 Membership Renewal (if applicable) \$ _____
TOTAL ENCLOSED \$ _____

Mail check to:
 Avery Memorial Association
 Post Office Box 7245
 Groton, CT, 06340-7245