



2021-2022

Annual Membership Dues Form

(Please return this form with your current dues payment and updated roster)

Date Completed: _____

- \$20 ACTIVE** per member _____ # of Members **X** \$ _____
- \$10 RETIRED** per member _____ # of Members **X** \$ _____
- \$5 JUNIOR FF/EXPLORER** per member with a **\$50 cap** _____ # of Members **X** \$ _____

Total Amount Enclosed \$ _____ for MCVFA Membership

Payments should be received by the MCVFA as soon as possible after Dues Notification.

This dues form and dues payment (check, money order or paypal) should be mailed to:

MCVFA, PO Box 1015, East Wareham, MA 02538

MCVFA Roster should be completed using the Excel or PDF file and emailed to: dues@mcvfa.org

Questions: Please contact Kathy Bird at 508-295-2716.

DEPARTMENT INFORMATION (if applicable) **Region:** _____

Department Name: _____

Department Website: _____

DELEGATE Type of MCVFA Membership _____

ALTERNATE Type of MCVFA Membership _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

INDIVIDUAL/MEMBER-AT-LARGE

Type of MCVFA Membership _____

Please indicate below if dues notice or other correspondence be sent to an additional individual:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____