



2022-2023

# 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](mailto: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: \_\_\_\_\_