



# 2023 - 2024 Annual Membership Dues Form

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

[mcvfa.org](http://mcvfa.org)

Date Completed: \_\_\_\_\_

**\$20 ACTIVE/ASSOCIATE** 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, your membership roster and dues payment should be mailed to:  
**MCVFA, PO Box 1015, East Wareham, MA 02538-1015**

**MCVFA Roster may be completed using the Excel or PDF file and emailed: [kibird@verizon.net](mailto:kibird@verizon.net)**

**Questions:** Please contact Kathy Bird at [kibird@verizon.net](mailto:kibird@verizon.net)

**DEPARTMENT INFORMATION** (if applicable) **Region:** \_\_\_\_\_

Department Name: \_\_\_\_\_ Chief: \_\_\_\_\_

Department Website: \_\_\_\_\_

\_\_\_\_\_ **DELEGATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **ALTERNATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ **INDIVIDUAL, ASSOCIATE  
or MEMBER-AT-LARGE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_