# MCVFA Membership Roster 2024-2025

(The Association Membership year is from July 1 through June 30)

**Membership Roster and check to:**

**MCVFA Membership**
**P.O. Box 1158**
**Sherborn, MA, 01770-1158**

Make check payable to **MCVFA**

| # of Members | Dues | SubTotal |
|---|---|---|
| Active | x $25. | |
| Retired | x $10. | |
| Junior | x $5. | |
| **Total** | | |

Department Name _____ Region # _____ Date _____

Mailing Address _____ City _____ State _____ Zip Code _____

Name of Chief _____ Preferred Phone # _____

Alternate Dues Contact _____ Preferred Phone # _____

Delegate _____ Preferred Phone # _____

Alt. Delegate (optional) _____ Preferred Phone # _____

Any Questions?
Contact: president@mcvfa.org

Note: Please draw a line through any name you do not wish to register, and add additional names at the end.

(Last Column-**A**ctive, **R**etired, **J**unior)

| | *Last Name* | *First name* | *Address* | *Town* | *State* | *Zip Code* | *E-mail* | A, R, J |
|---|---|---|---|---|---|---|---|---|
| *1* | | | | | | | | |
| *2* | | | | | | | | |
| *3* | | | | | | | | |
| *4* | | | | | | | | |
| *5* | | | | | | | | |
| *6* | | | | | | | | |
| *7* | | | | | | | | |
| *8* | | | | | | | | |
| *9* | | | | | | | | |
| *10* | | | | | | | | |
| *11* | | | | | | | | |
| *12* | | | | | | | | |
| *13* | | | | | | | | |
| *14* | | | | | | | | |
| *15* | | | | | | | | |

| | Last Name | First name | Address | Town | State | Zip Code | E-mail | A, R, J |
|---|---|---|---|---|---|---|---|---|
| 16 | | | | | | | | |
| 17 | | | | | | | | |
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