



ESMDA Membership Form

<p>Select Membership Type</p> <p>New <input type="checkbox"/></p> <p>Renewal <input type="checkbox"/></p>	<p>Select Membership Choice</p> <p>Individual (\$30.00) <input type="checkbox"/></p> <p>Family (\$35.00) <input type="checkbox"/> (Must live in the same household)</p>
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NOTE: Make checks payable to Marie Fryc.

Mail to Marie Fryc, 146 Marie Drive, Fonda, NY 12068

(Checks made out to ESMDA will be returned)

PLEASE PRINT NEATLY

Name: _____

Address: _____
(Street or PO Box)

City State Zip code

Phone: _____
(Can list more than one)

E-Mail: _____

PLEASE PRINT E-MAIL ADDRESS CLEARLY!!!!

Memberships that have lapsed within a year of a previous membership will be backdated to the previous expiration date.

For official use only

Received By: _____ Date Received: _____

Renewal Date: _____