

ESMDA Membership Form

|  |  |  |
| --- | --- | --- |
| Select Membership Type  New  Renewal |  | Select Membership Choice  Individual ($15.00)  Family ($18.00) |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_