

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_