



## Application For Membership

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Membership Dues:        \_\_\_\_\_ New        \_\_\_\_\_ Renewal

- \$10 a year- Individual Membership
- \$15 a year - Family Membership (Includes wife/girlfriend and kids under 14)
- \$200 - Lifetime Membership - Available to any individual 55 yrs. or older.

**A newsletter is sent out to all members at least three times a year.**

- Email** the newsletter to me.
- Mail** the newsletter to me via US Postal Service.

**Please make check payable to CMSGMA and send to:**

CMSGMA  
P.O. Box 32  
Orange, MA 01364