

This form can be filled out electronically.



Mac@LehighValley, 173 Deysher Road, Fleetwood, PA 19522
rhodyman@earthlink.net www.MacAtLehighValley.org 610.987.6184

MEMBERSHIP APPLICATION

NEW RENEWAL ADDRESS CHANGE

Primary Name (First) _____ (Last) _____ M.I. _____
Mailing Address _____
City _____ State _____ Zip _____
Email _____ Telephone _____

Membership Enrolment Date	Individual Membership	Family Membership*
January- March	\$10.00	\$10.00
April - June	\$ 8.00	\$ 8.00
July - September	\$ 6.00	\$ 6.00
October - December	\$ 4.00	\$ 4.00

All memberships expire December 31 in the year of initial enrollment or renewal.

*If Family Membership, specify additional household members _____

Signature _____ Date _____

Please hand-deliver this completed application with your dues payment (check or cash only) at any Mac@LehighValley meeting, or mail to:

Mac@LehighValley
173 Deysher Road
Fleetwood, PA 19522

To be completed by Mac@LehighValley representative.

Amount Paid _____ Check Number (if cash, write CASH) _____
Received by _____ Date _____

Mac@LehighValley
173 Deysher Road
Fleetwood, PA 19522

Receipt for Payment of Dues

Received From _____ Amount _____ Date _____
Member Number _____ Membership Expiration Date _____
Processed by _____ Date _____