



## MEMBERSHIP APPLICATION/RENEWAL

*We appreciate your decision to join or renew membership with our organization.*

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

Address \_\_\_\_\_

City/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business or Organization \_\_\_\_\_

Phone Home/Mobile (optional) \_\_\_\_\_

Email \_\_\_\_\_

Membership dues are recorded for the current fiscal year, January through December, unless indicated otherwise. If you are joining and/or making an additional donation, please select the appropriate level. Checks or money orders should be made payable to MCAAHA, INC. (Address below.)

Membership: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ FY \_\_\_\_\_

### MEMBERSHIP LEVELS:

INDIVIDUAL \_\_\_\_\_ (\$30) INDIVIDUAL SPONSOR \_\_\_\_\_ (\$100 plus)

ORGANIZATIONAL MEMBERSHIP \$ \_\_\_\_\_ (\$200) \$ \_\_\_\_\_ DONATION

\_\_\_\_\_ Please check if you are interested in volunteering with our organization. Assistance with our committees and programs would be greatly appreciated.

700 South Main Street, Madison, VA 22727  
mcaaha.org / [mcaaha@gmail.com](mailto:mcaaha@gmail.com) / 540-513-8718