



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)**

ORGANIZATION \$ _____ **(\$200)** **LIFE \$** _____ **(\$1,000)**

\$ _____ **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
mcaaaha.org / mcaaaha@gmail.com / 540-513-8718