

	New Member			Renewal_		Online Payment Information: MMOAWI.COM			
All prosp	ective members	of MMOA a	re required to	complete this regis	tration form. I	ndicate any changes; Mo	embership runs from	June 1st-May 31st.	
			:	SECTION 1: MEMBE	R CONTACT IN	NFORMATION			
TITLE	☐Mr.	☐Mrs.	Miss.	☐Ms.					
NAME								-	
ADDRESS 1						MAIN TELEPHONE		-	
						WORK TELEPHONE			
						HOME TELEPHONE			
TOWN/CITY						MOBILE PHONE			
ZIP CODE						PRIMARY EMAIL			
JOB TITLE:						SECONDARY EMAIL			
ECTION 2: MEM	IBERSHIP TYPE A	ND PAYMEN	IT DETAILS			1			
MEMI	BER TYPE		DESCRIPTIO	N	MEMBER	SHIP DUES (Annual)	Please Check		
	DENTIFE					Shir Bots (Almaa)	riease check		
FULL			Full Membership		\$50				
STUDENT/RETIRED		Full time students and Retired		\$25					
			Members						
				mbership is open to all					
	ASSOCIATE		who share MMOA's objectives or wish to help advance them but						
ASSO			cannot become full members		\$50				
				m voting, holding offic mmittees) New	ce				
			members.						
				☐ Cash ☐ Personal C	heck Online P	ayment			
PAYMENT METHOD			Mail To: Attention MMOA Pam Alexander 3177 North						
				55 th Street, Milwaukee, WI 53216					
SECTION 3: MEM	IBER INFORMAT	ION							
Please indicat	te if you would l	be willing to	work on con	nmittee or interest	ed in Elected	or Appointed position:			
_ Yes _	Not at this time	е							
Is yes?									
-									
				Below Office	e Use Only				
			Т	reasurer and Fina	ancial Secreta	ary approved:			

Montreall B______ Treasurer

Cliff B _____ Financial Secretary