

Gerry 5 Veteran Fireman's Association 210 Beacon Street Marblehead MA 01945

2020 MEMBERSHIP RENEWAL and DUES PAYMENT

Payment is now being accepted for Gerry 5 VFA Membership dues for **2020**. Payment is due in **January 2020**. <u>Please pay your dues **no later than February 5, 2020**</u>. Payments received after this date may result in having to reapply for membership and assignment of a new membership number.

Payment may be made by check, cash, or credit card. Complete the Renewal Form below to ensure payment is credited appropriately. <u>Please fill in ALL fields.</u> Credit card payment information on back must be complete! Checks should be made payable to Gerry 5 VFA. Mail payments to: Gerry 5 VFA, 210 Beacon Street, Marblehead, MA 01945 *Attn: DUES - Renewal* or drop off the form with payment at the Club.

Membership Category:		Full-time Military		
Senior 75+ (\$50.00) Date of Reason for Resignation:	(Seniors o	nly)	RESIGATION	
Is any info BELOW NEW?	Yes - Chec	k Here		
NAME:				
(first)	(middle/initial)	(last)		(suffix: Jr, Sr, MD)
MEMBER #:	OCCUPAT	ΓΙΟΝ:		
ADDRESS:				
CITY/TOWN:		STATE:	_ ZIP:	
PHONE #:		MOBILE #:		
E-MAIL ADDRESS:				
Credit Card Payment? Yes	- Check Here	_		

Please consider making an extra donation. .Would you like to make special donation? Amount? _____ Would you like to designate how this is to be used? ____Angel Fund ____Scholarships ____Furniture ____ General Maintenance

Please consider the Gerry No. 5 Veteran Fireman's Association, Inc. in your estate planning.

PLEASE PRINT LEGIBLY - ALL FIELDS REQUIRED

For Internal Use Only Date Rec'd	Initials	_ Date Secretary Recorded
ALL FIELDS REQU	IRED	yment with the Membership Renewal form (front). royed once payment is processed.
TYPE OF CARD (Vi	sa, MasterC	Card, Discover):
NAME AS SHOWN	ON CARD: _	
E-MAIL OF CARDH	OLDER:	
CARD NUMBER:		
EXPIRATION DATE	:/	CVV:
BILLING ADDRESS	:	
BILLING CITY:		STATE:
BILLING ZIP/POST	AL CODE: _	
BILLING PHONE NU	JMBER:	
AMOUNT TO BE CH	ARGED: \$_	

PLEASE PRINT LEGIBLY