

## Gerry 5 Veteran Fireman's Association, 210 Beacon Street. Marblehead MA 01945, 781-631-5214, www.gerry5.com

## 2021 MEMBERSHIP RENEWAL and DUES PAYMENT

Payment is now being accepted for Gerry 5 VFA Membership dues for **2021**. Payment is due in **January 2021** and <u>no later than February 3, 2021</u>. Payments received after that date may result in having to reapply for membership and assignment of a new membership number. We ask you to please pay your dues when you are able and **NOT** wait for February if possible. This will help tremendously with operating expenses.

Payment may be made by check, cash, or credit card. Complete the Renewal Form below to ensure payment is credited appropriately. Please fill in ALL fields. 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: _  | Regular (\$1     | 00.00)            | Full-time Mi              | litary           |
|---|------------------|-------------------|---------------------------|------------------|
| RESIGNATION Reason for Resignation:                                   |                  |                   | Birth                     |                  |
| Is any information BELO   | W NEW? Yes-      | Check Here        | Please provide you        | ır email!!       |
| NAME:   |                  |                   |                           |                  |
| (first)   | (middle/initial) | (last)            | (suffix: Jr,              | Sr, MD)          |
| MEMBER #:   | OCCUPATION:      |                   |                           |                  |
| ADDRESS:  |                  |                   |                           |                  |
| CITY/TOWN:  |                  | STATE:            | ZIP:                      |                  |
| PHONE #:  |                  | _ MOBILE #:       |                           | _                |
| E-MAIL ADDRESS:   |                  |                   |                           | _PLEASE PROVIDE! |
| Credit Card Payment? Ye   | s - Check Here   | Provide card      | d information on back.    |                  |
| Please consider making a  Designate how to be use  General Maintenand | d?Angel Fu       | -                 |                           |                  |
| Please consider the Gerry   |                  | eman's Associatio | on, Inc. in your estate p | olanning.        |
| For Internal Use Only: Date R   | ec'd In          | uitials Date      | Secretary Recorded        |                  |

## PLEASE PRINT LEGIBLY - ALL FIELDS REQUIRED

## **CREDIT CARD PAYMENT: Submit with the Membership Renewal Form (front).**

Note: Information will be destroyed once payment is processed.

| TYPE OF CARD (Visa, MasterCard, Discover): |        |
|--|--------|
| NAME AS SHOWN ON CARD:                     |        |
| E-MAIL OF CARDHOLDER:                      |        |
| CARD NUMBER:                               |        |
| EXPIRATION DATE:/                          | CVV:   |
| BILLING ADDRESS:                           |        |
| BILLING CITY:                              | STATE: |
| BILLING ZIP/POSTAL CODE:                   |        |
| BILLING PHONE NUMBER:                      |        |
| AMOUNT TO BE CHARGED: \$                   |        |

**PLEASE PRINT LEGIBLY**