

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

2023 MEMBERSHIP RENEWAL and DUES PAYMENT

Payment is now being accepted for Gerry 5 VFA Membership dues for **2024**. Payment is due in **January 2024** and <u>no later than February 7, 2024</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 until 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. Please indicate if this is a gift for a member.

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.

Please be assured all information is for Gerry 5 VFA use only and will not be shared outside the Club.

Membership Category: _	Regular (\$10	00.00)	me Military		
		Senior age 75+ (\$50.00) Date of E			
Has any information BEL				e changes below)	
NAME:					
(first)	(middle/initial)	(last)	(su	uffix: 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	information on	back.	
Making an extra donationAngel FundSchool					
Please consider the Gerry	No. 5 Veteran Fir	eman's Associatio	n, Inc. in your e	state planning.	
*Credit cards are charged a 4%				dod	

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, Disco	ver):				
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