# **MOY FAMILY ASSOCIATION**

美京梅氏公所 P.O. Box 6600 Silver Spring, MD 20906

www.moyfamily.org

# **Membership Application**

The Association has two categories of membership: Premium Member, and Associate/Family Member.

An individual who supports the purposes of the Association may become a **Premium Member** of the Association. Premium members will receive association newsletters and notice of all upcoming association events and activities. Non-members will not receive notices but can find information about the Association on our website: **moyfamily.org**.

An individual may become a **Premium Member** upon payment of the annual dues established for Premium Membership. A Premium Member is entitled to admission to events reserved for Premium Members and may be granted discounts on admission fees set for events. A Premium Member is eligible to serve on any Association committee established by the Board of Directors.

An organization or family (not an individual person) that supports the purposes of the Association and who pays the annual dues established for this category, may become an **Associate/Family Member.** An Associate/Family Member will be entitled to the benefits of a Premium Member and each person in the organization or family may attend events without having to become an individual member.

The membership year runs from January 1 – December 31. The dues for 2022 and 2023 are:

Premium Member \$25, Associate/Family Member \$100.

### **RETURN THIS FORM TO THE P.O BOX ADDRESS SHOWN ABOVE**

Include with your form a check for the dues made payable to "Moy Family Association," or use PayPal for payment to: "mfa@moyfamily.org"

Please complete all of the information requested below (note that some items are marked as "optional"). Please <u>print</u> your responses.

Date:

I wish to become a (check one):  $\Box$  Premium Member  $\Box$  Associate/Family Member

Name (organization's name if an Associate Member, and principal representative's name)

mfa@moyfamily.org

#### **Home/Organization Address**

Number and Street		City	State	Zip Code		
Phone Numbers						
() Home	( )		( )			
Home	Cellphone		Other			
Email Addresses						
Primary email address	Secondary email address					
Birthdate / Age Gr	oup					
Birthdate (optional)	Age Group: 🗖 Under 21	□ 21-30 □ 31-5	0 🗆 51-79 🗆 8	0 or over		
Current Occupatio ☑ here if you are r						
Occupation		Employer				
If you wish to be co	ontacted through anoth wide that person's cont	er family memb		ing contacted		
If you wish to be co directly, please pro	ontacted through anoth wide that person's cont	er family memb act information:		ing contacted		
If you wish to be co directly, please pro	ontacted through anoth wide that person's cont	er family memb act information:		ing contacted		

 $\Box$  YES!  $\Box$  No

Please list any activities or events that you would like to see the Association sponsor or produce (or use this space for comments):

### Contact Information for Family Membership Plan: Name, 1<sup>st</sup> family member

First	Middle Initial	Last		Suffix (e.g. "Jr.")			
Home Address							
Number and Street		City	State	Zip Code			
Phone Numbers							
Thome roumbers							
( )	( )		( )				
Home	Cellphone		Other				
Email Addresses							
Primary email address	Secondary email address						
Birthdate / Age Gro	un						
Birthdate (optional)	Age Group:  Under 21	□ 21-30 □ 31-50	□ 51-79 □	80 or over			
Current Occupation	(ontional)						
	(optional)						
Name, 2 <sup>nd</sup> family me	ember						
First	Middle Initial	Last		Suffix ( <i>e.g.</i> "Jr.")			
Home Address							
Number and Street		City	State	Zip Code			
Phone Numbers							
( )	( )		()				
Home	Cellphone		Other				
Email Addresses							
Primary email address		Sacondamy amail add	rocc				
r mary email address	Secondary email address						
Birthdate / Age Gro	-						
Birthdate (optional)	Age Group:  ☐ Under 21		□ 51-79 □	80 or over			
Current Occupation (optional)							

## Name, 3rd family member

First	Middle Initial	Last		Suffix (e.g. "Jr.")			
Home Address							
Number and Street		City	State	Zip Code			
Phone Numbers							
( )	( )		( )				
Home	Cellphone		Other				
Email Addresses							
Primary email address		Secondam: amail add	<b>2</b> 200				
Primary eman address		Secondary email address					
Birthdate / Age Gro	up						
Birthdate (optional)	Age Group:  ☐ Under 21	□ 21-30 □ 31-50	□ 51-79 □ 8	30 or over			
<b>Current Occupation</b>	(optional)						
L.							
Nome 4th foreily m							
Name, 4th family mo	ember						
First	Middle Initial	Last		Suffix ( <i>e.g.</i> "Jr.")			
<b>TT A A A</b>							
Home Address							
Number and Street		City	State	Zip Code			
Phone Numbers							
( ) 	( )		( )				
Home	Cellphone		Other				
Email Addresses							
Primary email address		Secondary email add	ress				
Birthdate / Age Gro	-						
Birthdate (optional)	Age Group:  ☐ Under 21	□ 21-30 □ 31-50	□ 51-79 □ 8	80 or over			
<b>Current Occupation</b>	(optional)						