

MOY FAMILY ASSOCIATION

美京梅氏公所

P.O. Box 6600

mfa@moyfamily.org

Silver Spring, MD 20906

www.moyfamily.org

Membership Application

The Association has three categories of membership: Member, Premium Member, and Associate Member.

An individual who supports the purposes of the Association may become a **Member** of the Association. Members will receive association newsletters and notice of all upcoming association events and activities. Members will be admitted to events open generally to all Members, but not to events reserved for Premium Members. 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 to admission fees set for general member events. A Premium Member is eligible to serve on any Association committee established by the Board of Directors.

An organization (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 Member**. An Associate Member will be entitled to the benefits of a Member and each person in the organization may attend general Member events without having to become an individual member.

The membership year runs from January 1 – December 31. The dues for 2021 are: **Member \$15, Premium Member \$25, Associate 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 print your responses.

Date: _____

I wish to become a (check one): Member Premium Member Associate Member

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

First

Middle Initial

Last

Suffix (e.g. “Jr.”)

Name of Organization’s Representative

Home/Organization Address

Number and Street City State Zip Code

Phone Numbers

() () ()

Home Cellphone Other

Email Addresses

Primary email address Secondary email address

Birthdate / Age Group

Birthdate (optional) Age Group: Under 21 21-30 31-50 51-79 80 or over

Current Occupation (optional)
or here if you are retired

Occupation Employer

If you wish to be contacted through another family member instead of being contacted directly, please provide that person’s contact information:

Name Relationship (optional)

Address

Phone Number

Email Address

May we contact you to ask if you would be willing to volunteer some of your time and expertise to help with the organization and operation of the Moy Family Association?

YES! No

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

