



MEMBERSHIP RENEWAL APPLICATION

Date ___/___/___

NAME: First _____ MI _____ Last _____

ADDRESS: St. _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Birth Date ___/___/___

SIGNATURE _____ Date joined if known ___/___/___

RENEW FOR:

1 yr. (\$40.00) _____ 2yr. (\$80.00) _____ 3 yr. (\$120.00) _____

PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT TO:

**MAAC
2424 HIGHLAND CT.
ROYAL OAK, MI 48073**

TO PARTICIPATE IN MEMBER BENEFITS YOU MUST BE FULLY PAID UP.

To check your status call Greg Zemsta @ 248-556-6590

THANK YOU