



MSBA MEMBERSHIP FORM

Please fill out this membership form and either bring it to our next membership meeting or mail to the address at the bottom with your payment

Are you a:

New Member _____ Returning Member _____ Renewal _____

<p>Membership Type</p> <p>Adult _____ \$25/Year</p> <p>Senior* _____ \$15/Year</p> <p>Spouse _____ \$10/Year</p> <p>Junior** _____ Free**</p>	<p>Names(s) : Juniors Please add Adult affiliation</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>* Seniors are age 65+ years Sr Date of Birth ___/___/___</p> <p>Juniors are under age 16 Jr Date of Birth ___/___/___</p> <p>** Please Note: All junior members must be related to a current MSBA adult member</p>	<p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: (_____) _____</p> <p>E-Mail: _____</p>

MSBA Mailing Address: MSBA Membership
c/o Sons of Italy
54 Whitman St.
Weymouth Ma 02189

Official Club Use Only

Date Received: _____ Check # / Cash: _____ Amount: _____ Card-Kit Sent: _____