



MEMBERSHIP DUES STATEMENT

Dear MSFCCA Members:

Please submit your payment and a copy of this completed form to:

Valerie Lavala
1805 Whispering Meadow Ct
Frederick, MD 21702
Tsaic5431@msn.com / 240-422-3545

Please note, you are encouraged to order your association cards as needed. A good measure of how many cards to order is what you predict your membership needs will be in the quarter that you are placing your order. All cards ordered are stamped with an expiration date by MSFCCA before sent out.

Indicate the address to which the MSFCCA membership cards should be sent:

Association Name: _____

C/O: _____

Address: _____

_____ Total number of members as of _____ (please attach membership list including
(Date)
a column identifying current MSFCCA cards number)

_____ Number of affiliate membership cards ordered @ \$10 each

_____ Number of associate membership cards ordered @ \$10 each

_____ Total amount due with this statement

Check here for MSFCCA automatic expiration date equal to one year from date form is processed.

Check here to select an expiration date of _____. DATE CANNOT BE BEYOND ONE YEAR OF THIS REQUEST DATE.

Date of Request: _____

Please turn over and complete the back of this form. Also remember to send your membership list quarterly to:
Mary Ellen Young, 12900 Clearfield Drive, Bowie MD 20715

1. Membership Chairperson:

Name: _____

Email Address: _____

Telephone #: _____

2. Association President:

Name: _____

Email Address: _____

Telephone #: _____

3. Association Treasurer:

Name: _____

Email Address: _____

Telephone #: _____

Thank you for your cooperation, we value your continued membership in MSFCCA

SPACE BELOW FOR MSFCCA OFFICIAL USE ONLY
