

## MACI Membership Form

We respect the confidentiality of your personal information, which is used only for MACI business and never shared without your consent.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ FAX \_\_\_\_\_  
State \_\_\_\_\_ Email \_\_\_\_\_  
ZIP \_\_\_\_\_

I give permission to share the following information with other MACI members:      My Phone#      My Email

### Areas of Interest? Please check all that apply:

Support Groups      Resources/Referrals      Public Education      Serve on Committee/Task Force

I am willing to do a task requiring limited time from my home.

### Comments

### Membership Contributions

MACI is a 501(c)(3) tax-exempt organization. Your donations are tax deductible. All donations greatly appreciated.

Annual Individual Membership Donation: \$20

Two-Year Individual Membership Donation: \$35

Annual Family Membership Donation: \$25

Professional Membership Donation: \$50

Please accept my additional contribution of:

**Non-Membership Contributions**      \$15      \$25      \$50      Other

### Total of Above Contributions

Please make check payable to MACI and mail with this form to:

MACI · P.O. Box 754 · Andover, MA 01810

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Please leave the following fields blank for MACI record-keeping:

New Member \_\_\_\_\_

Date \_\_\_\_\_

Renewal \_\_\_\_\_

Expiration Date \_\_\_\_\_