

Mayo Civic Association, Inc.

P. O. Box 23
Mayo, Maryland 21106

www.mayocivicasociation.org

Membership Renewal/New

Please PRINT Clearly

Name: _____

Mailing Address: _____

City, State and Postal Code _____

Telephone Number (include area code): _____

Email Address: _____

Area/Community on the Mayo Peninsula: _____

Special Interest: _____

Membership Type Individual Membership, annual dues are **\$20.00**

Community Association Membership, annual dues are **\$40.00**

If you are using this form and are a new member please check this box.

If you are new member, recommended by: _____

Date

Signature

Please include a current email address and make it legible. This will be the preferred method of communication. If you do not have email we will either call or use US mail to keep you current. If you have questions please email:

membership@mayocivicasociation.org for membership questions

or write to:

**Mayo Civic Association, Inc.
PO Box 23
Mayo, Maryland 21106 – 0023**

Don't forget to include your dues payment!

For Association Use Only

Treasurer Information:

Received: ____/____/____ Check # _____ or ____ CASH Amount Received: \$ _____

Secretary Information:

Entered in Database ____/____/____ Membership packet ____ Added to E-list ____