

This form can be filled out electronically.



Mac@LehighValley, 173 Deysher Road, Fleetwood, PA 19522  
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## MEMBERSHIP APPLICATION

NEW RENEWAL ADDRESS CHANGE

Primary Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ M.I. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_

Membership Enrolment Date	Individual Membership	Family Membership*
January– March	\$20.00	\$25.00
April – June	\$15.00	\$20.00
July – September	\$10.00	\$15.00
October – December	\$7.50	\$10.00

All memberships expire December 31 in the year of initial enrolment or renewal.

\*If Family Membership, specify additional household members \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please hand-deliver this completed application with your dues payment (check or cash only) at any MacPower meeting, or mail to:

Mac@LehighValley  
173 Deysher Road  
Fleetwood, PA 19522

To be completed by Mac@LehighValley representative.

Amount Paid \_\_\_\_\_ Check Number (if cash, write CASH) \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_

Mac@LehighValley  
173 Deysher Road  
Fleetwood, PA 19522

### Receipt for Payment of Dues

Received From \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_  
Member Number \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_  
Processed by \_\_\_\_\_ Date \_\_\_\_\_