

MDDA-BOSTON MEMBERSHIP FORM

Use this form to become a member of MDDA-Boston, renew your membership, change the terms of your membership, your address or phone number, or to make a donation. Please complete form and bring it with your check payable to "MDDA-Boston" to the Welcoming Table at Belmont chapter meetings, or mail to:*

MDDA-Boston
Attn: Membership
P.O. Box 102
Belmont MA 02478.

Please check one or more of the following:

- New member
- Renewing member
- Donation
- Change address/phone
- Change membership terms

Members requesting changes, please note that changes require 4-6 weeks to take effect.

Membership Category & Dues*(Please check one of the following):

- Individual: \$35/year
- Professional: \$75/year
- Household: \$50/year
- Lifetime: \$300
- Benefactor: \$500
- Angel: \$1,000

**If full dues are a financial hardship for you, contact the Membership Chairperson: 617-855-2795.*

Member Mailing Information:

Name:

Address:

City, State Zip

The following are for confidential office use ONLY:

Your Phone Number: (____ ____) _____ -- _____

Your email address: _____

SIGNATURE REQUIRED (new AND renewing members): I understand and will abide by MDDA-Boston's **Membership Agreement**

PHONE LIST: Your name will be placed on the group phone list, which is given to MDDA-Boston members seeking personal support, *ONLY if you give your name here*: Include my name on the phone list as follows (usually first names or nicknames):

How did you find out about
MDDA?_____

Your suggestions or comments are welcome:

Make A Tax-Deductible Donation To MDDA-Boston

Help us help others with a tax deductible donation to MDDA-Boston. All proceeds go to funding our member service activities, including support group meetings, special events, member services, and this web site. MDDA-Boston is a non-profit corporation in accordance with the provisions of the I.R.S. Code, Section 501(c)(3).

Donations are accepted in any amount.

Please check one of the following:
() \$25 () \$50 () \$100 () \$500 () Other amount: \$ _____

If Desired: In honor / memory of _____

Acknowledgments sent on request: please enclose name, address, and additional information on a separate sheet.

In-kind donations of computer and office equipment are also welcome, as are donations of volunteer time. Please contact the MDDA office at 617-855-2795 for more information.

TOTAL AMOUNT ENCLOSED (dues and/or donations) \$ _____

If you have any questions please call the MDDA office at 617-855-2795 or [email us](#)

THANK YOU FOR YOUR SUPPORT!

OFFICE USE ONLY -- Payment received ____/____/____ by _____