

# 2020 MMI MEMBERSHIP APPLICATION FORM

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| --- |
| Name:  |
| Address:  |
|  |
| Home🕾: | Work🕾: | Cell🕾: |
| Email:  |

|  |  |
| --- | --- |
|  | **Please add me to your flyer distribution list to keep me informed of upcoming events** |

What is your age group: (circle one) 20-30 30-40 40-50 50-60 over 60

I understand, that my application has to be recommended by two members of MMI and approved by the board of directors. When accepted, I agree to get acquainted with MMI

by-laws and act according to them.

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

NOTES:

\* Yearly membership fee of $20.00 will be payable after the application has been approved by the Board of Directors.

\* If a spouse is interested in applying for a membership, please fill in a separate application.

\* In accordance to the by-laws of MMI newly approved members are not eligible for membership on the Board of Directors during the first year of their membership, however, they are welcome to participate in the activities of various committees in accordance with their interest.

**RECOMMENDATION:**

|  |  |
| --- | --- |
| Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |