

# VERIFICATION OF MEMBERSHIP REQUEST FORM

Please allow 7-10 business days to process request

**The preferred method to respond to this request is by E-mail.**

**Please make sure that your E-mail address is provided above.**

**If you do not have an E-mail address, then a letter will be mailed to you.**

Date : \_\_\_\_\_ Type of Membership \_\_\_\_\_

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_

Town : \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Requestor signature : \_\_\_\_\_

Please specify what **year and/or months** you are requesting.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use:**

Type of Membership \_\_\_\_\_

Join Date \_\_\_\_\_

Monthly or Annually \_\_\_\_\_

YTD Amount \_\_\_\_\_