



Massachusetts
SENIOR ACTION
Council

Membership Application

Name _____

Street _____

Apt _____

City _____ State _____ Zip _____

Phone (____) _____

E-Mail _____

MSAC Chapter: _____

(PLEASE CHECK ALL THAT APPLY)

_____ New Member _____ Renewing Member

_____ I've enclosed \$10 for a 1 year individual membership.

_____ I've enclosed \$15 for a 1 year couple membership.

_____ \$ 50.00 individual lifetime membership

_____ \$75.00 couple lifetime membership

In addition to my dues, I am enclosing a tax-exempt donation of \$ _____ to support MSAC's advocacy.

**Please make checks payable to: MSAC
Address: MSAC, 150 Mt. Vernon St, FL 2
Boston, MA 02125 Phone: 617-442-3330**