

**MCC Organization of Active Adults Membership Application
(Minimum Age: 50) • PLEASE PRINT**

Dues: \$20 per person per 9/1-8/31 college year (no prorations or refunds)

Last Name 1 _____ Mr & Mrs Ms Miss (circle preference)
check one Full Birth Date: mm/dd/yy
First Name 1 _____ M F ____ / ____ / ____
First Name 2 _____ M F ____ / ____ / ____
Only if different: Last Name 2 _____ Mr & Mrs Ms Miss (circle preference)
Mail Address _____ New Member Renewing Member
Town _____ State _____ Full 9-Digit Zip _____ - ____
Phone _____ Email Address _____

> Would you be willing to help OAA by serving on the Board or a Committee? Yes No

Amount Enclosed \$ _____ (do not mail cash) **Mail to:** MCCOAA Membership, Great Path MS #16,

Check Number _____ Check Date _____ PO Box 1046, Manchester CT 06045-1046

Office use only: Effective Date _____ (date postmarked or delivered to OAA or Cont. Ed. office)

<- Fill in, detach & KEEP
this membership card.

MCCOAA MEMBERSHIP CARD

Member Name(s)

Valid through August 31, 20____

MCC ORGANIZATION OF ACTIVE ADULTS
Great Path MS #16, PO Box 1046, Manchester CT 06045-1046
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www.manchestercc.edu/oaa
In partnership with Manchester Community College