



# New Membership Application

Please print this form, fill it out completely and mail it with your payment to this address:

**Association of Mature American Citizens, Inc.**  
**5 Orville Drive, Suite 400 • Bohemia, NY 11716**

Membership Type:      New Member       Membership Renewal   
Subscription Choice:    1 year (\$15.00)     2 years (\$28.00)     3 years (\$39.50)

How did you hear about us? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Extension: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Mailing Address: (if same as your Primary Address, leave blank)

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Contact's Date of Birth: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_