

**MEMBERSHIP APPLICATION
2001**

Date: _____

TELEPHONE:

Office () _____

Home () _____

Name: _____

FAX

E-Mail

Address:

City: _____ **State:** _____ **Zip Code:** _____

MEMBERSHIP OPTIONS:

_____ **lifetime Member** **\$1,000.00**

_____ **Founding Member** **500.00**

_____ **Charter Member** **100.00**

_____ **Family Membership** **50.00**

_____ **Individual Membership** **25.00**

_____ **Student Membership** **15.00**

**PROFESSIONAL MEMBERS TO BE ON OUR REFERRAL LIST OF THERAPISTS
\$100.00**

MONTHLY DONATIONS:

MASA is in need of residual income to cover overhead and educational programs. No amount is too small to give on a monthly basis. Ongoing costs such as postage to send out educational materials, telephone counseling, copying and supplies are always fixed expenses. We need your help to provide these services. All donations are tax exempt. Our Federal ID number is 95-4364494 and we are a 501©3

Organizations. Checks should be made to MASA, P.O. Box 2966, Huntersville, NC 28070 or to 8023 Maxwellton Dr., Huntersville, NC 28078.

EVERY PERSON MUST BECOME A VOICE FOR THE CHILDREN