

# 2024 MMI MEMBERSHIP APPLICATION FORM

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| Name: | | |
| Address: | | |
|  | | |
| Home🕾: | Work🕾: | Cell🕾: |
| Email: | | |

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| --- | --- |
|  | **Please add me to your flyer and Newsletter distribution list to keep me informed** |

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|  | **I would like to volunteer!** |

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| Which age group do you belong to? | 20-29 |  | 30-39 |  | 40-49 |  | 50-59 |  | 60+ |  |

I understand, that my application has to be recommended by two members of MMI and approved by the board of directors. When accepted, I agree to get acquainted with MMI

by-laws and act according to them.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**

* Yearly membership fee of $30.00 will be payable after the application has been approved by the Board of Directors.
* If a spouse wants to apply for membership, please fill in a separate application.
* In accordance to the by-laws of MMI newly approved members are not eligible for membership on the Board of Directors during the first six months of their membership, however, they are welcome to participate in the activities of various committees in accordance with their interest.

**MEMBER RECOMMENDATIONS:**

|  |  |
| --- | --- |
| Name: | Name: |
| Signature: | Signature: |
| Date: | Date: |



PLEASE TELL US ABOUT YOURSELF:

Why are you interested in joining Masaryk Memorial Institute?

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Describe your past/current involvement with the community and service?

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Are you a past participant/attendee of our events?

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Would you be interested in volunteering? (We are always in need of volunteers)

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