

REGISTER BY JANUARY 11, 2021 TO GUARANTEE YOUR MEALS

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-Mail: _____



LAST NAME	FIRST NAME	COST MEMBER
_____	_____	\$50.00

PAYMENT

PAY BY CHECK (preferred) TOTAL AMOUNT ENCLOSED CHECK \$ _____

PAY BY CREDIT CARD TOTAL AMOUNT \$ _____

NAME ON CREDIT CARD _____ (check one) Visa Master Card

BILLING ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP _____

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____

Make check payable to "MELNA" and send, with this form, to:
MELNA, PO Box 4666, Augusta, ME 04330
E-Mail: MngmtPlus@aol.com / www.melna.org