

Maine Animal Control Association 2018 Application for New Members

Full Name:		
Municipality:		
Title:		
Municipality Address:		
City:	State:	Zip:
Phone (Office):	Fax:	
Home Address:		
City:	State:	Zip:
Phone (Home):		
E-Mail:		
I would like to receive MACA-related no	tices via email: Yes	⊐ No
Please note: Due to internet security features implemented by Tinwith roadrunner.com or maine.rr.com. If you would like to participaddress.	· —	
I want my MACA-related correspondence to be mailed to m	y:	Municipality Address
I want all my MACA-related invoices to be mailed to my:	☐ Home address ☐ Mu	unicipality Address
I would be interested in serving as an officer/commit	tee member of MACA	:
Please return this form with dues Maine Animal Control Association, 60 Comm	• ,	
Please make a copy of this form for your recor	rds and return origina	al with payment.
Maine Animal Control Association	Amount Du	e: \$35.00
Membership dues, year ending December 31, 2018	Amount Pa	id:
Questions: Call 1-800-452-8786 or (207) 623-8428		ed:
• •		#:

Please note that the membership follows the individual. Therefore, if employment changes to another municipality, the individual will continue to be a member at their new location.