

MEDC
Membership Form



*This form shows your current information we have for our membership directory.
Please use the section at the right to update or add to your membership listing.*

	<i>Current</i>	<i>Changes/Edits</i>
Name		
Title		
Organization		
Address		
City, State, Zip		
Phone		
Fax		
Email Address		
Website		
Region		

MEDC Membership Program—Please select one of the following:			
Single Member	<input type="checkbox"/>	\$75.00	\$
Agency Membership I (2 to 5 members from your organization)*	<input type="checkbox"/>	\$150.00	\$
Agency Membership II (More than 5 members from your organization)*	<input type="checkbox"/>	\$350.00	\$
NEDA Membership* Please indicate the number of individuals from your organization who are enrolling in the NEDA Membership Program. *Joint MEDC/NEDA membership is provided as a convenience to MEDC members.		_____ \$135.00	\$
Total Amount Due:			\$ _____

Please make check payable to MEDC

Mail to:

Robert Hubbard, MEDC Treasurer

c/o GRA

115 Pleasant Street, Room 201

Gardner, MA 01440

For questions regarding your MEDC membership please contact Rob Hubbard, Treasurer , via email at rhubbard@gardnerma.gov or by phone at (978) 630-4014.

*For organizational memberships please attach an additional sheet with the name, title, organization, address, phone, fax, email, website and region for each agency member.

Visit us online www.massedc.org