



"There Are More Good Times To Be Had."



Yale New Haven Health Staff Membership Application

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Date of Birth _____

Yale New Haven Health Employment Information

Which department? _____

Annual Dues \$25.00

**Your valid credit card is required to activate your membership.*

Auto-pay is a very efficient means for members to pay their bills. By providing your credit card information you agree to be part of our auto-pay program, which covers your charges incurred at the club and annual membership dues. You can opt out of the program by calling or emailing our membership coordinator.

***Credit Card Information: _____ Exp: _____

The information above is true and correct. By submitting my credit card information, I am also registering for Auto-Pay. I understand that Mory's will keep my credit card on file and run it at the end of each month to pay my balance.

Signature _____ Date: _____

The Mory's Association, Inc.

306 York Street, New Haven CT
06511 Phone: 203-562-3157 Fax:
203-562-8893

Email:

membership@morys1849.org

Website: www.morys1849.org