



5-year SPECIAL JUNIOR MEMBERSHIP 2019

(Please Print)

Name: _____

After graduation my address will be:

<i>Street</i>	<i>City/State</i>	<i>Zip</i>
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If unknown list parents' address:

<i>Street</i>	<i>City/State</i>	<i>Zip</i>
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Phone: Home _____ Cell _____

(non-Yale)Email: _____ Date of Birth: _____

***Credit Card Information:** _____ **Exp:** _____

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

One-time dues payment of \$25.00 for 5 years.

The information above is true and correct. If elected to membership, I agree to observe and abide by the By-laws, Rules and Regulations of The Mory's Association, Inc.

Signature _____

The Mory's Association, Inc.
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Phone: 203-562-3157 Fax: 203-562-8893
Email: membership@morys1849.org
Website: www.morysclub.org