



District:	_____
Inv#:	_____
Year:	_____

**INDIVIDUAL/PROFESSIONAL
MassPAC Membership - FY 2017**

Individual/Professional Membership - \$50
Benefits: <ul style="list-style-type: none">▪ LISTSERVE - Annual membership to the MassPAC Listserve.▪ NEWSLINE - Subscription to the Federation's quarterly newsletter via email.

Individual/Professional Membership is designed for individuals: parents/guardians, family members, professionals, or other interested parties. **Membership period runs from July 1st through June 30th.**

Title: Ms. Mrs. Mr. Other _____

I am a: Parent Family Member Professional Other _____

First Name: _____ **Last Name** _____

Address 1: _____ **Address 2:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

YES, put me on the email list for e-NEWSLINE, the Federation's quarterly newsletter.

Payment Amount

Individual Membership \$50: \$ _____

Donation* (any amount): \$ _____

TOTAL: \$ _____

(All donations to the Federation for Children with Special Needs are tax deductible to the full extent of the law.)

Payment Options - Check One:

Check is enclosed, payable to ***Federation for Children with Special Needs.***

Mastercard Visa Card Number _____

Credit Card Billing Address: _____

Name as it appears on card: _____

Signature _____ Exp. Date _____

Please return this form with check or credit card information to:

**FCSN/MassPAC
The Schrafft Center
529 Main Street, Suite 1M3
Boston, MA 02129**

Thank you for your support!

Form Modified May 2016