

## Edmund Rice (1638) Assoc., Inc.

Kathy H. Bond ERA Membership Chair 31 Billings Road North Stonington, CT 06359 membership@edmund-rice.org

Dear Cousin,	Annual dues are payable by September 1 <sup>st</sup> Additional voluntary contribution Total			\$ \$ \$
The schedule of du Under age 80 Age 80 and above Life membership (i			20.00 10.00 300.00	
Membership Typ	e: New	_ Renewal _	Update	
Preferred Newsletter Delivery Method: Paper via US Mail or Email				
Phone Number ()				
Email address				
Birthday (MM/DD/ <sup>`</sup> Added to ERA data	YYYY) base for identi	ification (kept	confidential) and	l Birthday Wishes
Name Due to duplicate fi	rst & last name	es: Please inc	lude First, Middle	, "Maiden″ Last, Suffix
Address				
City/Town/Province	e			
State Zip/Postal Code				
Country (if not US	A)			
Note: Dues rate is The Board of Direc attempt to offset t Your additional cor	tors voted to i he erosion of c	nsert the "Ado our treasury d	ditional Voluntary	Contribution" line in an

You may pay your dues via PAYPAL and then complete and submit this form to <u>membership@edmund-rice.org</u>. Make your check payable to Edmund Rice (1638) Assn., Inc., and send with form to:

Kathy H. Bond 31 Billings Road North Stonington, CT 06359 membership@edmund-rice.org