

**M.A.C.C. MEMBERSHIP FORM**

\$5 Per Person \_\_\_\_\_ (Total)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please make checks payable to M.A.C.C.

Mail check and application to Membership Chair:

Leslie Kass  
1706 Jancey Street  
Pittsburgh, PA 15206

Thank you for your support of the M.A.C.C.