



2017 Membership

HCMV Dues: (Select a Category) *Your generosity will help us expand activities, including raising funds for scholarships and more educational and cultural events. See web site for details.*

- | | |
|--|------|
| <input type="checkbox"/> Regular | \$40 |
| <input type="checkbox"/> Seniors (65 or older) or those graduating in last 5 years | \$20 |

Scholarship Fund Donation (Tax Deductible) \$ _____

Total: _____

Member's Name: _____

Harvard Affiliation and Class Year: _____

- Name of Member's Spouse/Significant Other: _____
College or Graduate School and Class Year: _____
- If Parent of Harvard Student, Name of Student and Class Year (optional): _____

Home Address: Street _____ City _____ State__ Zip _____

Telephone: _____ **Email:** _____

Your Areas of Interest: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Interviewing College Applicants | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership Drive / Outreach | <input type="checkbox"/> Publicity; Member Communications |
| <input type="checkbox"/> Events | <input type="checkbox"/> Serve as Board Director |
| <input type="checkbox"/> Charitable Service Activities | |

Please return this completed form and your check for payment to

**Harvard Club of Merrimack Valley, Inc.
PO Box 1041
Andover, MA 01810**