



MEMBERSHIP REGISTRATION

Name: _____

School or District: _____

School Address

Street: _____

City: _____ State: _____ Zip Code: _____

School Email: _____

School Phone: _____

If you plan to attend the October luncheon, please include that amount now with your membership dues. If you plan to attend the January and/or March meetings, you have the option of including those amounts now, or pay for them later.

- | | | |
|--------------------------|------------------------|----------|
| <input type="checkbox"/> | Membership Dues: | \$50 |
| <input type="checkbox"/> | October 24 Luncheon | \$30 |
| <input type="checkbox"/> | January 9 Luncheon | \$30 |
| <input type="checkbox"/> | March Full Day Meeting | \$60 |
| <input type="checkbox"/> | Amount Enclosed: | \$ _____ |

*Please make checks payable to **EMFLA**.*

Send registration and checks to (Do not email this form):

Barbara Eaton
Foxboro High School
120 South St.
Foxboro, MA 02035

Phone: (508) 543-1641

Fax: (508) 698-6517

Please complete and return this form by October 17th.
EMFLA cannot send invoices.