

MEMO

Medfield Employers & Merchants Organizations, Inc.
PO Box 6 – Medfield, MA 02052
www.medfieldmemo.org

MEMBERSHIP APPLICATION

Please complete and return with your check payable to MEMO in the amount of \$150.00 for returning members & \$75.00 for new members.

If you have any questions please contact Reka Athanasiadis 508-359-0001 or rekaa@morphosiacademy.com

Please Type or Print Clearly All Information

Business Name:		Date Business Established:	
Business Street Address:		PO Box:	
City /Town:		State:	Zip Code:
Telephone Number:		Business Facebook page (if applicable) :	
E---Mail Address:		Website (if applicable):	
Business Category:			
(Please visit http://medfieldmemo.org/wordpress/?page_id=833 - for a list of categories)			
Nature of Business:		Referred By:	
		Total Number of Employees:	
Authorized Business Representative:		Representative Signature:	
Preferred Method of Contact: (Check all desired)		Representative Town of Residence:	
Postal Mail Phone Email			

Membership in MEMO is contingent on approval by the MEMO Board of Directors.

Do Not Write Below This Line. MEMO Use Only.

Date Payment Received	Check Number:
New Member:	Notes: