

**Montana Gerontology Society
Membership Form
Membership Year: January 1– December 31**

- New
- Renewal

Name _____

Address _____

City _____

State _____ Zip _____

Phone (w) _____ (h) _____

email _____

For MGS Only—will not be distributed to other organizations

Position _____

Employer _____

Type of Membership

- Professional Free in 2019!
- Public Free in 2019!
- Student Free in 2019!

As a member of MGS, I may be interested in being involved in the following area(s):

- Fundraising
- Serving on a committee
- Making a presentation
- Holding an elected office
- Writing an article for the newsletter
- Other (Please list a skill you might be able to share) _____

***Please Return Form to:
MGS
PO Box 3583
Billings MT 59103-3583***