Michael Crawford International Fan Association®
"...Lending a Helping Hand"
Authorized and sanctioned by Michael Crawford

NEW MEMBERSHIP

One member & associate per form please. Form may be copied.

Mail form to: **2272 Colorado Blvd. PMB #1367 • Los Angeles • CA 90041 • USA OR FAX to: (562) 683-2677**

I received this form (check one): In a letter from Michael Other (Please give online site, venue or person's name):_____

Full Member Name:		
Associate Member* Name:		
Address:		
City:	State:	Zip/Postal Code:
Country:		Home phone #:
Work phone #:		Fax #:
email:		
Date of Birth:		

Amounts shown are in United States dollars ($) and British pounds sterling (£).

Lifetime Membership
One Time Payment of US$36/£20 _____

Lifetime Associate Membership*
One Time Payment of US$12/£8 _____

TOTAL $/£_____

*Associate Members must reside at same address as Full Member

YES NO I would like to be an MCIFA volunteer.
YES NO I would like my contact information to appear in the M.C.I.F.A. on-line Member Directory.

Note: ALL Payments by credit card MUST be calculated in U.S. $ ONLY –

METHOD OF PAYMENT (Check appropriate box)
VISA MASTERCARD CHECK, DRAFT OR MONEY ORDER

CREDIT CARD NUMBER EXPIRATION DATE

Please **PRINT NAME** as it appears on card. SIGNATURE

AMOUNT TO CHARGE (**U.S. Dollars Only**) OR
PAYMENT ENCLOSED (US$/£) :
TOTAL:_____

Make check payable to M.C.I.F.A.
(Not recommended to send cash.)

rev. 2/13

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