

**2022 MILE REGISTRATION FORM**

Name Tag: \_\_\_\_\_ MxCC ID#: \_\_\_\_\_  
 (Members-See Name Tag)

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**YOU MAY ATTEND AS MANY CLASSES AS YOU WISH.**  
**YOU WILL BE ENROLLED IN ALL PRESENTATIONS.**

Birth Date _____ New Member Only	<b>Required of New Members Only</b> Soc. Sec.# _____
<b>Please mail to :</b>  Susan Kulesza, Mile Membership Chair 517 Little City Road Higganum, CT 06441	<b>Member Annual Dues \$60.</b> <b>Great Decisions Book Add \$25</b> Method of Payment (Check One) <input type="radio"/> Check payable to MxCC # _____ Charge: <input type="radio"/> Visa <input type="radio"/> MasterCard Account # _____ Expiration Date _____