

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY

Assisting physicians and their families

Benevolent Society Membership Dues

☐ **Yes!** I would like to become a member of the Massachusetts Medical Benevolent Society. Enclosed is my tax-deductible contribution.

☐ Benefactor (\$500 or more)

☐ Life Member (\$250)

☐ Sustaining Member (\$50)

☐ Contributor (any amount)

Please complete the following information and return this form with your check:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please return this portion and your membership contribution to the following address:

Massachusetts Medical Benevolent Society
860 Winter Street
Waltham, MA 02451-1414