

NALC-MDA Campaign

Registration Form

Please print legibly or type

Branch # _____ City _____ State _____

Branch President _____

Address _____

City _____ State _____ ZIP Code _____

E-mail address _____

Phone # _____

Branch MDA Coordinator _____

Address _____

City _____ State _____ ZIP Code _____

E-mail address _____

Phone # _____

My branch will join NALC branches throughout the nation in our year-long campaign to raise funds for NALC's official charity, the Muscular Dystrophy Association (MDA). Please send the MDA-NALC packet of materials to our branch coordinator.

Branch President's Signature

Date

Return form annually to:

**Christina Vela Davidson,
National MDA Coordinator
National Association of Letter Carriers
100 Indiana Ave. NW
Washington, DC 20001-2144**