

theMOVE | Membership Fee Reduction Request

Thank you for your interest in becoming a member of theMOVE! We are happy to reduce or waive our membership fee for anyone unable to afford the cost. Please simply fill out this form and send it to us at:

theMOVE
PO Box 381155
Cambridge, MA 02238

Full Name

Email Address (required)

Phone Number (optional)

Mailing Address (optional)

Please select one of the following:

- I would like to pay a reduced amount for membership and have enclosed a check for \$_____
- I am requesting a full waiver of the membership fee