

NEW YORK STATE SOCIETY of WASHINGTON, DC

Membership Application

If paying by check...

Please print this form and send along with you check payable to NYSS to:

NYSS/Membership
c/o Beverly Frey
10024 Parley Drive
Tampa, FL 33626

Please provide the following information:

Names(s): _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (home) _____

(work) _____

E-mail: _____

Occupation: _____

Company: _____

New York Affiliation: _____

(specify name of hometown, college, business, friend etc.)

Annual Dues: _____ \$20.00 Single _____ \$25.00 Couple
 _____ \$35.00 Family (includes children under 18 yrs. of age)
 _____ \$250.00 Friend _____ \$500.00 Benefactor

For Corporate or College affiliation, please [click here](#).

Committee(s) interest: _____ Congressional Reception
 _____ Special Events
 _____ Buffalo Nite in Washington, DC
 _____ Newsletter
 _____ Corporate Support
 _____ Membership