

**NY Citizens' Committee on Aging**



**MEMBERSHIP FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ORGANIZATIONAL AFFILIATION *(if applicable)*:  
\_\_\_\_\_

POSITION / TITLE:  
\_\_\_\_\_

ADDRESS :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Individual**

_____ Member	\$50.00
_____ Student (F/T)	20.00
_____ Friend	100.00
_____ Donor	250.00
_____ Benefactor	500.00

**Organization**

_____ Sustaining Member	100.00
_____ Supporting Member	250.00
_____ Sponsoring Member	500.00

**Corporate**

_____ Sponsor	1000.00
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