

# 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  
PO Box 786  
Arlington, VA 22216-0786

### **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