

ADDITIONAL CARD FORM

PLEASE NOTE: We require two (2) separate checks for your **Dues & Additional Cards.**

To purchase additional membership cards please fill out this form along with the membership application with your (2) checks made payable to **Verrazano 10-13 Association** and mail to:

Verrazano 10-13 Association, PO BOX 061-725, Staten Island, NY 10306

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt _____

City: _____ State: _____ Zip: _____

Number of Cards: _____

\$1.00 per card = \$ _____

Postage \$ 50

Total Enclosed: \$ _____

FOR OFFICE USE

PAYMENT TYPE: CASH CC CHECK / MO # _____ **BY:** _____