

# 2021 MEMBERSHIP APPLICATION

**\*\* New Procedures Below \*\***

Submitting a Scholarship Application - (2 Years Continuous Membership)

-----Cut Along Dotted Line -----

2019    2020   **LATE MEMBERSHIP**

(Please check off and add past years if you want to be eligible for Scholarship)

**Annual Dues: \$25.00 Per Year**

New Member    Renewal    Associate Member    Life Member    Other \_\_\_\_\_

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

To purchase additional membership cards please fill out **Additional Card Form** along with this 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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

**FOR OFFICE USE**

**PAYMENT TYPE:**   CASH   CC   CHECK / MO # \_\_\_\_\_   **BY:** \_\_\_\_\_