

2022 MEMBERSHIP APPLICATION

**** New Procedures Below ****

Submitting a Scholarship Application - (2 Years Continuous Membership)

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

2020 2021 **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:** _____

