

# 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 \$1.00 \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

**FOR OFFICE USE**

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