

MEMBERSHIP APPLICATION

Submitting a Scholarship Application - (2 Years Continuous Membership)

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 061725, Staten Island, NY 10306

Annual Dues: \$35.00 Per Year

PLEASE PRINT CLEARLY

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

☐ New Member ☐ Renewal ☐ Associate Member ☐ Life Member

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ D.O.B: ____ / ____ / _____

Email: _____ For which year? _____

FOR OFFICE USE

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