



# Membership Application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

County: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

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

Agency | Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Special Organizational Skills | Interests: \_\_\_\_\_

Membership Pledge: by signing this application of membership, I agree to the following conditions:

1. To support and promote the general welfare and goals of the organization and;
2. To attend or help organize scheduled regional activities and;
3. To participate in one or more annual event or community service project

Membership Category:  Regular  Associate

Status:  New  Renewal

Annual Dues Paid: Regular Membership - \$35.00 \_\_\_\_\_

Associate Membership - \$15.00 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail check or money order payable to: NYSMICJ, Inc., P.O. Box 5062, Albany, NY 12205

## OFFICIAL USE ONLY

Date received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Membership ID: \_\_\_\_\_ Region #: \_\_\_\_\_