

2010 MEMBERSHIP INVOICE

MEMBER INFORMATION

Organization Name: _____

Executive Director: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Web site: _____

DUES SCHEDULE

- | | |
|--|--|
| <input type="checkbox"/> \$200.00 Individual | <input type="checkbox"/> \$1,000.00 Corporate Benefactor |
| <input type="checkbox"/> \$300.00 Non-Profit | <input type="checkbox"/> \$1,500.00 Corporate Sustainer |
| <input type="checkbox"/> \$800.00 Corporate Patron | |

Please note that dues run on a calendar year.

PAYMENT: (select one)

By mail. Send completed invoice and a check or money order payable to NPCNYS

By phone or fax via credit card. Call 518-432-6757 or fax invoice to 518-432-6758

Please charge \$_____ (plus \$3.00 fee) to my credit card.

Name as it appears on card: _____

Mastercard/Visa/AmEx (circle one): # _____

Expiration date: _____ 3 or 4 digit security code: _____

Signature: _____

THANK YOU FOR YOUR ONGOING SUPPORT AND COMMITMENT TO IMPROVING OUR COMMUNITIES.
WE WOULD BE UNABLE TO DO OUR WORK WITHOUT YOUR DEDICATION.