

2010 MEMBERSHIP INVOICE

MEMBER INFORMATION

Organization Name: _____

Organization Type: NPC CHDO LDC _____

Executive Director: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Web site: _____

DUES SCHEDULE

<u>Annual Dues</u>	<u>Organizational Budget</u>	<u>Annual Dues</u>	<u>Organizational Budget</u>
<input type="checkbox"/> \$200.00	\$0-\$250,000	<input type="checkbox"/> \$400.00	\$751,000 -\$999,000
<input type="checkbox"/> \$300.00	\$251,000-\$750,000	<input type="checkbox"/> \$550.00	\$1,000,000 or larger

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.