



## Membership Application Form

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

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

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

**Send Mail To:**    Home            Business            (circle one)

### Dues Schedule

Annual dues are **\$125** for one calendar year.

Student dues are **\$35** for one calendar year.

Dues received after October 1st are credited for the following year.

Please make your check payable to **NYSHP** and send it with this form to:

### NYSHP

150 Veterans Memorial Highway, #410

Commack, NY 11725

(631) 864-8709

[dgoldman@nyshp.org](mailto:dgoldman@nyshp.org)

[www.nyshp.org](http://www.nyshp.org)