



MEMBERSHIP FORM

For membership July 1, 2018 through June 30, 2019

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Cell _____ Home _____ Business _____

Email _____

All membership dues are \$15.00 - Please indicate if you are a new member or a continuing member:

New Member: \$ _____

Continuing Member: \$ _____

Additional Donation: \$ _____

Total Enclosed \$ _____

**Please make checks payable to NYS Career Development Opportunities Inc.
Please mail this form to NYS CDO, PO Box 133, Rome, NY 13442-0133**