



## MEMBERSHIP FORM

**For membership July 1, 2017 through June 30, 2018**

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

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

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

Phone Cell \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

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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**