



Suffolk County Chapter PO Box 1252 Lake Ronkonkoma NY 11779

Membership Form

2019-2020

PLEASE PRINT

First Name_____Last Name_____

Title_____

School District/Company_____

Work Address_____

City_____State_____Zip_____

Work Telephone_____Fax_____

Email Address_____

New ☐

Renewal ☐

Membership Type:

Member ☐ \$100

Associate ☐ \$700

**For new Associate Member applicants only -
School District/Trade Referral:**

First Name_____Last Name_____

School District/Company_____

Work Address_____

City_____State_____Zip_____

Work Telephone_____Fax_____

Email Address_____