



Suffolk County Chapter PO Box 1252 Lake Ronkonkoma NY 11779

Membership Form

2024-2025

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 **\$110**

Associate **\$730**

**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 _____