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2024 Annual Membership Form

NEW MEMBER / RENEWAL MEMBERSHIP FORM - \$10.00/per family for 1 year

	NEW MEMBER RETURN	IING MEMBER
MEMBER'S NAME	LAST	
ADDRESS		
CITY	STATE	ZIP
PHONE (optional)	EMAIL	
	MBERSHIP FORM - \$5	.00/per gift for 1 year ship was proudly given by you to them!
GIFTED TO: FIRST NAME	L	AST
ADDRESS		
CITY	STATE	ZIP
IMENTS		

P.O. Box 178, Bethpage, NY 11714-0178

MAIL CHECK TO: