

**Yes. I would like to become a member of the Chenango County Chapter,
NYSARC, Inc. family.**

Annual Membership:

Please Check One:

Individual/Family \$10

Business \$15

Life \$200

Additional Donation

Name _____ Spouse _____

Address _____

City _____ Zip _____ Phone _____

Please make check payable to: **Chenango County ARC**

(This is a tax deductible contribution)

*Please complete this form and return it to us
along with your check in the envelope enclosed.*