



**CSA Retiree Chapter-Long Island Unit
P.O. Box 301
Commack, New York 11725**

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

Your Full Name _____

Spouse/Partner etc. Full Name _____

Address _____

City/State/Zip _____

Home Phone # _____ Cell # _____

E-Mail Address _____

Member DOB Month _____ Spouse/Etc. DOB Month _____ Anniversary Month _____

You have a choice of a one year, a two year or a three-year membership as follows: **CHECK ONE:**

_____ \$15 for 1 year _____ \$25 for 2 Years _____ \$35 for 3 Years

I have enclosed a check of \$ _____ for my membership.

MAIL APPLICATION AND CHECK TO:

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