

## **MEMBERSHIP APPLICATION**

This form can be filled on your computer (via a PDF reader such as Adobe Acrobat) or by hand.

			DATE:
☐ NEW MEMBER	☐ RENE	WAL — MEM	BER NO:
FIRST NAME:	LA	AST NAME:	
STREET ADDRESS:			APT NO.:
CITY:		STATE:	ZIP:
PHONE: HOME:	WORK:		CELL:
EMAIL:			
MEMBERSHIP LEVEL (Check One):			
☐ \$26—BASIC	☐ \$150—LEVEL III	☐ \$500—S	SILVER LEVEL
S50—LEVEL I	☐ \$200—LEVEL IV	<b>\$1,000</b>	-TRUE GOLD LEVEL
S100—LEVEL II	S250—LEVEL V		
Please make contributions to: CPDSA. Please mail application with contribution to:			
C/C	DSA ) BOB NICHOLS   WEST 56 <sup>TH</sup> STREE1	Г — АРТ 2А	

NEW YORK, NY 10019