Member Number: _____

Membership Expires: _____

A Non-Profit Organization

Associate Membership Form

Must be 18 years of age or have parental consent.

1. **$50/YR PER HOUSEHOLD *(3 per household limit)***
2. **E-MAIL UPDATES**
3. **LOCAL VENDOR DISCOUNTS**

*** DENOTES REQUIRED FIELDS / TAB THROUGH FORM**

* First Name: _____

* Last Name: _____

* Date of Birth (mm/dd/yy): _____

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

First Name: _____

Last Name: _____

Date of Birth (mm/dd/yy): _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone: _____ Cell Phone: _____ Cell

* Email Address (only one please!): _____

Dog #1 * Name: _____ * Breed: _____ * Age: _____

Dog #2 Name: _____ Breed: _____ Age: _____

Dog #3 Name: _____ Breed: _____ Age: _____

- **Make your check payable to NYCdog and write SLRD in the memo of the check**
- **Mail your check and a copy of your completed form to Silver Lake Reservoir Dogs, P.O. Box 40832, Staten Island, NY 10304**

This membership fee is tax deductible.

Please print (2) copies of your completed form before submitting.

Submit