



IF YOU ARE NOT CURRENTLY A MEMBER, JOIN TODAY!

Name _____

(OR) Club Name _____

Address _____

City _____ State _____ Zip _____

Email (print clearly) _____

Check One:

_____ Guardian \$30

_____ Defender \$65

_____ Life \$350 *

* (individuals only)

Send application with check or money order payable to:

NYSCC

8 East Main Street

Ilion, NY 13357

Web