

NYTOS MEMBERSHIP APPLICATION

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

E-mail (optional) _____

I want to join NYTOS and ATOS. I have enclosed \$_____ for NYTOS dues and \$_____ for ATOS dues

I am already a member of ATOS and want to join NYTOS. I have enclosed \$_____ for NYTOS dues.

I want to join NYTOS only as a friend. I have enclosed \$20

Send this form with check or money order payable to NYTOS to:

Thomas J. Stehle, Membership Secretary

178 Dunn Drive

Montgomery, NY 12549-1302

Phone: 845-457-5393 e-mail: tjskinura@aol.com

Contributions to NYTOS are tax deductible.

SELECT MEMBERSHIP LEVEL

NYTOS - Local Chapter

Benefactor **\$300**

Patron **\$100**

Sustaining **\$50**

Contributing **\$30**

Regular **\$20**

Friend **\$20** (NYTOS only, non-voting)

ATOS National

Benefactor **\$500**

Patron **\$200**

Sustaining **\$100**

Contributing **\$75**

Regular **\$40** (student **\$25**)