



Organizational Membership Form

New Application

Renewal

Dues

\$120

\$250

\$450

\$750

Organization's Budget

Less than \$500,000

\$500,000 - \$1,000,000

\$1,000,000 - \$5,000,000

More than \$5,000,000

Enclosed dues: \$ _____

Enclosed donation: \$ _____

Grand Total: \$ _____
Date

Payment Method

Check payable to PHANYC enclosed

Credit Card: Visa MasterCard AmEx

Name on card _____ Exp. Date _____

Billing Address _____

Card # _____ 3 Digits: _____

ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

Please Mail or Fax to:

PHANYC, 1710 First Avenue, Suite 282 • New York, NY 10128 • Fax: (212) 722-0726

Phone: 212-722-1063 • Email: info@phanyc.org • www.phanyc.org