



# Membership Application

Please complete all sections.

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First Name                      Middle Initial                      Last Name

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Street Address

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City                                      State                                      Zip Code

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Country

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Phone

---

Email

Method of Payment:

Check       Bill Me

Annual Membership                      \$45.00                     

Renewal                                      \$45.00                     

Professional Membership                      \$125.00                     

Please print this form and send with check or money order to:  
NINE P.O. Box 204 East Meadow, NY 11554