

Supporting Membership Application

“Supporting membership” is available to individuals, businesses, schools, houses of worship, or other institutions that live or operate outside of Briarwood

Please check one - **New** Membership _____ **Renewal** Membership _____ Today's Date: _____

Contact Name: _____
Organization Name (If Applicable): _____
Address: _____
City: _____ State: ____ Zip Code: _____ - _____
Phone: (Home) _____ (Cell) _____
Organization Phone (If Applicable): _____
Personal E-Mail: _____
Organization E-Mail (If Applicable): _____
Organization Website: (If Applicable): _____

I prefer to be contacted via (*please select one*):

___ Phone (Specify home / cell / Organization) _____

___ Email (Specify Personal or Organization) _____

___ Either

DUES ARE \$20 AND ARE FOR ONE CALENDAR YEAR

****Please make check payable to Briarwood Action Network****

Mail, with completed application, to Briarwood Action Network, PO Box 356068, Briarwood, NY 11435

(Below is for Organization Use Only)

Received by: _____ Payment Method: [] Cash [] Check