COFONA (COUNCIL OF FRIENDS OF NEW AMSTERDAM)

2013 MEMBERSHIP APPLICATION

Please make checks payable to: **Cofona**, and mail with this form to: *COFONA*, 676 East 23rd Street, *Brooklyn*, *NY* 11210

MEMBER AND DONE	R OPTIONS								
<i>I would like to:</i> <u>Continue</u> my annual membership:			Enroll in annual membership:				Make a one-time donation:		
APPLICANT INFORM					nem	bership.			
Name Last			First					M.I.	Date
Street Address								Apartm it#	ent/Un
City			State					ZIP	
Country			Home	e Phone		()		
Cell Phone ()			Email	Address					
DONATION OPTIONS	5	1							
Membership Fee: (chec		\$40 gular		Senior			Studen		e Time Gift:\$
Enclosed:		Check		🗌 Cash (wher	n hand del	ivered)		
SUB-COMMITTEE IN	FORMATIO	Ν							
Are you interested in be SUB-COMMITTEE?	eing on a	YES				□ M	aybe Late	r	
If yes, which one	Busine	ess and Invest	ment			Communi	ty Reform		
	Educa	tion				Event Pla	nning & F	und Raisin	g
	Health	1 & Sports				Communi	cations		
	Cultur	e & Tourism				2 nd Gener	ation		
What day would be mo for meetings?	st suitable	🗌 Sat 🔲	Sun	🗌 Mon		Tues	🗌 Wed	Thurs	🗌 Fri
What time would be mo		or you to mee		☐ 3 - 4:3	0pm	4:30) - 6pm	5	– 6:30pm
L									

PLEASE TURN OVER

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Any other comments?						
Would you like to be listed in the Professional Skills Database* that would be developed?						
Year for membership: January 1 st - December 31 st 2 nd Generation immigrants would include (1) the children of immigrants and (2) young people, under 35 years, who migrated to the US, or elsewhere. *Individuals with experience, expertise and/or qualifications would be added to the Database of Professionals being created.						
SIGNATURE AND DISCLAIMER						
I hereby declare that the statements and signature stated herein are accurate and truthful to the greatest extent possible. As per the Privacy Act, any information you provide will be held in strictest confidence and will not be disclosed to third parties.						
SIGNATURE:						
DATE:						