



Become a Member Today!
Annual 2017 Membership Application

\$15 Individual or \$25 Family

Additional donation \$ _____

*Make checks payable to Dryden Community Center Café,
P.O. Box 801, Dryden, NY 13053*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Gift Membership (\$15 individual, \$25 family) for:

or

Suggest a friend who may be interested in the Café

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member benefits include:

- 5% discount on all purchases (except gift certificates) when you show your membership card at the register
- Voting rights at each annual meeting
- Participation in special events

INTERNAL USE ONLY

Date Received: _____

Payment Method & Amount: _____

Date Recorded: _____

Date Thank You Letter Sent: _____