

2019 - 2020 MEMBERSHIP APPLICATION

Please accept my membership in the Encore Program at SUNY Orange for the **Academic Year 2019-2020** (September 1, 2019 - August 31, 2020). The membership fee is **\$45 per person per academic year**, which includes two courses.

Enclosed is my **check for \$45** made payable to **Encore/SUNY Orange**.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Area code/telephone # _____

Email address _____

Mail this **form** with your **check** to: **ENCORE**
SUNY Orange
115 South Street
Middletown, NY 10940

Please do not cut page – bottom for office use