2018-2019 MEMBERSHIP APPLICATION

Please accept my membership in the Encore Program at SUNY Orange for the **Academic Year 2018-2019** (September 1, 2018 - August 31, 2019). 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

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