



MEMBERSHIP FORM

For Membership July 1, 2024 through June 30, 2025

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Cell _____ Home _____ Business _____

Email _____

All membership dues are \$25.00 - Please indicate if you are a new member or a continuing member:

New Member: \$ _____

Continuing Member: \$ _____

Additional Donation: \$ _____

Total Enclosed \$ _____

Please make checks payable to "NYS Career Development Opportunities Inc."

Mail this form with your dues to: Sara Ayala, (CDO Treasurer) 32 Woodbury

Road, New Hartford, NY 13413