



Make Checks Payable to: PATT  
Mail to: PO Box 1042  
Elmira, NY 14902

New Member     Renewing Member

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Annual Memberships**

\$10.00 - Student

\$20.00 - Individual

\$40.00 – Family (2 adults and children living in household 21 yrs and under):

Family Member Name:

Date of Birth:

E-mail address:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like to make a tax deductible donation to PATT in the amount of \$\_\_\_\_\_.

I would like to help at a PATT event, please call me when needed.    Yes     No

I would like to volunteer to serve PATT by working on a committee.    Yes     No

I give PATT permission to use photos of me/my family for promoting PATT programming.    Yes     No

**Comments:** \_\_\_\_\_  
\_\_\_\_\_