



FORT SALONGA ASSOCIATION

MEMBERSHIP RENEWAL

Your Telephone : () -
() -

Your email address: _____

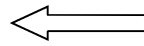
Spring Brunch Tickets

I am a PAID member please reserve _____ Tickets @ \$30 ea \$ _____

I am NOT a member please reserve _____ Tickets @ \$40 ea \$ _____

Raffle Tickets \$2 Each, 6 For \$10 \$ _____

Total Enclosed \$ _____



Not your name on the renewal?
Please make the necessary corrections.

I AM A NEW RESIDENT

I WISH TO VOLUNTEER

Please return this form, raffle tickets and your check to: The Fort Salonga Association—P.O. Box 247, Fort Salonga NY 11768

