



MEMBERSHIP FORM
2023-2024 SCHOOL YEAR

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

(PREFERRED PERSONAL EMAIL ADDRESS NOT NYCDOE ADDRESS)

The following addresses are optional:



JOB TITLE: _____

WORK ADDRESS (optional): _____

I would like to include a gift membership for the following individual:

Name: _____

Address: _____

Phone: _____

Email: _____

Annual dues are \$40 for active members and \$35 for retirees.

Please make your check payable to
NYC DOE Emerald Society
Mail to NYC DOE Emerald Society
P O BOX 604195
Bayside NY 11360

Dues are also payable on the following link:
<https://www.eventbrite.com/e/nycdoe-emerald-society-membership-dues-for-2023-2024-tickets-717564072457>
Information regarding tickets and membership
will also be available on our website:

<https://www.emeraldsocietynycdoe.com/>

I would like to make a donation to the scholarship fund in the amount of \$ _____

File Name

Date Paid

Check # or Source