



MEMBERSHIP FORM
2022-2023 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: _____

Dues for the year are \$30.
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/o/nycdoe-emerald-society-9461359130>
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