



MEMBERSHIP APPLICATION

The Updowntowners of Syracuse, Inc. advances and promotes activities, events and programs to involve their members and the general public to enrich the social, cultural, educational, commercial and residential life of the Syracuse Community.

Name:		Annual Dues: \$30.00 Annual Membership runs from Jan. 1 st through Dec. 31 st .
NYS identification # (drivers license)		
Vehicle Info: Make Model # State	Vehicle License Plate: Color:	
Mailing Address:		
City, State, Zip:		
Employer:		E-mail Address:
Occupation:		Cell Phone:
Home Phone:		Birthday (month/day):
Work Phone:		Recruited by:
Areas of Opportunity: (check your choices) 1. Organization/Admin.tasks _____ 2. Membership Events/Activities _____ 3. Program Events _____ 4. Special Events _____		<i>Members must be at least 21 years of age.</i> <i>If application is approved, member agrees to abide by the By-Laws, and rules of ethics and conduct of UDT.</i> <i>Have you ever been convicted of a felony? Yes__ No__</i> If Yes, attach details of disposition , as required by NY State Division of Alcoholic Beverage Control.

Certification

I have read and understand the requirements of membership, and certify all of the above information is true and correct.

Signed _____ Date _____

<u>Make Checks/Money Orders Payable To:</u> Updowntowners of Syracuse <u>Submit Payment and Application To:</u> Updowntowners of Syracuse PO Box 443 Syracuse, New York 13201	<u>For Office Use Only</u> <u>Membership Committee Action</u> APPROVED _____ DISAPPROVED _____ DATE _____ New _____ Renewal _____ Initial Yr Joined _____ Cash ___ Check # _____ Date Rec'd _____
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