



Regents/Ex Regents Association of New York State

_____ \$75.00 Life Membership (one-time payment)

_____ Directory Information Change(s)

Please print:

Name _____

Current Chapter Name _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

Please provide the following information:

Dates served as chapter regent _____

Chapter Name _____

Please fill out application and submit with check payable to: Regents/Ex Regents Association of NYS

Mail to treasurer: Suzanne Bellinger P O Box 222, Vernon, NY 13476

* Date accepted into Regents/Ex Regents Assoc. _____

Signature of Treasurer _____

Amount Received for dues _____