



2010/2011 Membership Form
www.suffolkcountyhomefront.org
suffolkcohomefront@yahoo.com
501c3 Organization

Last Name _____

First Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Are you a Veteran or Currently Serving: YES / NO

If Yes, Branch of Service and Dates of Service _____

_____ I wish to be an Active member of Suffolk County Homefront, Inc. and will meet the necessary requirements to remain in good standing.

_____ I can not be an Active member of Suffolk County Homefront Inc. at this time, but please keep me informed of upcoming events.

_____ I would like to make a tax deductible donation in support of your mission. Checks can be made payable to Suffolk County Homefront, Inc.

Please complete by June 15 and return to: Suffolk County Homefront, Inc

PO Box 1

Ridge, NY 11961