



Membership Form

Yes, I (we) want to support **Single Payer New York**.

- | Type of membership: | Dues: |
|---|--------------|
| <input type="checkbox"/> Fixed income/low income/students | \$10 |
| <input type="checkbox"/> Individual (based on ability to pay) | \$20 – \$50+ |
| <input type="checkbox"/> Small organization
(budget \$250,000 or less) | \$100 |
| <input type="checkbox"/> Large organization
(budget above \$250,000) | \$200 |

I do not plan to join at this time, but would like to make a donation of: \$ _____

Print Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone with area code: _____

E-mail: _____

Please make check payable to **Single Payer New York** and return with this form to:

Single Payer New York
c/o Capital District Area Labor Federation
302 Centre Drive
Albany, NY 12203

Contributions to **Single Payer New York** are not tax deductible.
If you have any questions, contact SPNY by e-mail at singlepayernewyork@gmail.com

Visit us on the web at <http://singlepayernewyork.org>