



**ROBS MEMBERSHIP FORM FOR 2019-2020**

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Building \_\_\_\_\_ Department \_\_\_\_\_

Retirement Year \_\_\_\_\_ Birthday (Month and day) \_\_\_\_\_

Include in Directory (Y or N) \_\_\_\_\_

\*Checks should be made out to **ROBS** with "Dues" written on the memo line and sent to:

**Carmen Roldan • 49 Linda Lane • N. Babylon, NY 11703**

**Dues are \$25 and the deadline is October 31.**

**Please Do Not Staple Your Check To This Form.**

Thank you for your prompt return.

[www.robsny.org](http://www.robsny.org)