

ROBS MEMBERSHIP CARD 2017-2018

(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 Yr. _____ **Birthday (MM/DD/YYYY)** _____

Directory (Y or N) _____

**Checks should be made out to ROBS and sent to:
Carmen Roldan, 149 Linda Lane, Babylon NY 11703.**

The dues are \$25 and October 31 is the deadline.

Please Do Not Staple Your Check to this form.

Thank you for your prompt return.