



## Yes! I want to become a SEUNA member!

**Member Name(s):**

1) \_\_\_\_\_  
2) \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Please provide your email address**

SEUNA regularly emails members with updates on community events and issues.

**Phone**

Evening: \_\_\_\_\_  
Daytime  
(optional): \_\_\_\_\_

I have enclosed a check for:

- 1 year at \$10.00
- 2 years at \$16.00

Make checks payable to SEUNA. Mail this form with your check to:

SEUNA  
P.O. Box 6658  
Syracuse NY 13217

**Questions?** Email us at [email@seuna.org](mailto:email@seuna.org) or call Harry Lewis at 472-3110.