

*Have an interest and want
to join us?*

Simply complete and return this membership form.

Name _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____

E-mail Address _____

Membership Levels

Individual _____ \$20.00

Senior (55 years and older) _____ \$10.00

Area of Interest _____

Please mail your membership form with a check (do not send cash) payable to Advocates for Upstate Medical University to:

Advocates for Upstate Medical University
750 East Adams Street
Suite 1401
Syracuse, NY 13210

advocate@upstate.edu

Advocates for

State University of New York



**Upstate
Medical
University**