



**It's Time to Join Us or
Renew Your Membership!**

For membership year September 1 through August 31

Annual Dues

Individual	\$20.00
Family (two adults in the same household)	\$25.00

Please print legibly. Address labels accepted.

Name/s (No more than 2) _____

Address _____

Home Phone _____ **Cell** _____

E-Mail _____

Date _____ **Check #** _____ **Amount \$** _____

Interests / Suggestions / Comments _____

We are considering sending the newsletters and education program brochures by e-mail. Would you be willing to save paper and receive them in that manner?
Yes _____ No _____

Please indicate your membership status: New _____ **Renewing** _____

Make your check payable to BCAHS. Mail this completed page to:

BCAHS PO Box 427 Oakdale, NY 11769-0427

*For office use only. Please do not write in the space below.
More membership information is available on our website www.bcahs.net.*

 **Please read our Membership Policy & Member Benefits on the back of this page.** 