
Complimentary Facilitator Membership

Membership Through August 2020

New Renewal

Name _____

Address _____

Primary Phone _____

Secondary Phone _____

Date of Birth _____

(This information will be held confidential.)

E-mail _____

Vehicle Year _____

Vehicle Make _____

Vehicle Model _____

Color _____ Plate # _____

Emergency Contact _____

Emergency Phone _____

Permit # _____



SEE OTHER SIDE

Fees and Donations

Tax-Deductible Donation \$ _____

SUNY Poly Parking (Optional but appreciated) \$25.00

Donation (Optional) \$ _____

TOTAL PAYMENT \$ _____

Check Made Payable to: Auxiliary Services

CHECK OR CASH PREFERRED Check # _____

Mail Payment to: MVILR at SUNY Poly
100 Seymour Road
Utica, N.Y. 13502

I would like to receive a **hard copy** of the catalog.

Check here if you would like to volunteer.

Questions?

Check the website: www.sunypoly.edu/mvilr

Phone: 315-792-7192 & 315-792-7292

E-mail: mvilr@sunypoly.edu



Credit Card/Debit Card Info *\$5.00 Processing Fee

MasterCard VISA Security Code _____

Card # _____ / _____ / _____ / _____

Expiration Date _____ / _____

Signature _____

Print Name _____

Amount _____