
Membership Form

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

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

How did you hear about **MVILR**?

- | | |
|--|--|
| <input type="checkbox"/> Event | <input type="checkbox"/> JCC |
| <input type="checkbox"/> Friend | <input type="checkbox"/> MWPAI |
| <input type="checkbox"/> Print/Website | <input type="checkbox"/> Rome Sentinel |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Utica O-D |
| <input type="checkbox"/> Radio/TV | |

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

Membership Fees

- | | |
|---|----------|
| <input type="checkbox"/> Full Year..... | \$250 |
| <input type="checkbox"/> SUNY Poly Parking..... | \$25 |
| <input type="checkbox"/> Partial (Fall, Winter, Summer) | \$185 |
| <input type="checkbox"/> Partial (Winter, Spring, Summer) | \$185 |
| <input type="checkbox"/> Partial (Fall, Spring, Summer) | \$225 |
| <input type="checkbox"/> Credit/Debit Card Proc. Fee..... | \$5 |
| <input type="checkbox"/> Donation (Optional)..... | \$ _____ |

TOTAL PAYMENT \$ _____

Check Made Payable to: Auxiliary Services

CHECK OR CASH PREFERRED Check # _____

Mail Payment to: MVILR at SUNY Poly
100 Seymour Rd.
Utica, NY 13502

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

MasterCard VISA Security Code _____

Card # _____ / _____ / _____ / _____

Expiration Date _____ / _____

Signature _____

Print Name _____

Amount _____