



Membership Referral Program

*Refer a program, provider, individual, or parent to become a
2017 Council member by June 30, 2017
and receive \$30.00 off your workshop of choice!
You must be a 2017 Council member to participate.*

Simply complete this form and we will do all the rest!

Current Member Information

Council Member Name: _____

Program Name (if applicable): _____

Membership #: _____

Phone Number: (____) _____

Email Address: _____

Referral Information

Council Member Name: _____

Program Name (if applicable): _____

Membership #: _____

Phone Number: (____) _____

Email Address: _____

Mail completed form to Juanita Pope to the address below.

Questions? Email Juanita at juanitap@cccwny.org