



# 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](mailto:juanitap@cccwny.org)