



NYS BAKERS ASSOCIATION MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BAKERY NAME: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP: (circle one)

ACTIVE

\$95.00 a year

ALLIED

\$95.00 a year

SEND THIS APPLICATION ALONG WITH A CHECK TO:

ED MAHER
NYS BAKERS ASSOCIATION
640 Route 25A
Rocky Point, N.Y. 11778