LEADERSHIP BUFFALO

MEMBERSHIP RENEWAL

| Contact Information | l | | | |
|----------------------------|-------------------------|-------------------|------------------------|--|
| Please update your o | contact infor | mation below: | | |
| Name: | | | _ | |
| Address: | | | _ | |
| City: | _ State: | ZIP: | | |
| Phone: | | | | |
| Email: | | | | |
| LB Class Year: | | | | |
| | | | | |
| Membership Type | | | | |
| (Please select one) | | | | |
| ☐ One-Year Member | rshin: \$175 | | | |
| ☐ Three-Year Memb | |) | | |
| _ | • | | | |
| One-Year Member | • | | | |
| ☐ One-Year Member | rship (Militar <u>)</u> | y, Active Service | e, Veteran): \$75 | |
| ☐ One-Year Member | rship (Retired | d/Out-of-Area): S | \$50 | |
| | | | | |
| | | | | |
| Payment Type | | Mail tl | his completed form to: | |
| (Please select one) | 1 | | ership Buffalo | |
| ☐ Check enclosed | | | 500 Seneca Street | |
| ☐ Please send me a | n invoice | Suite Buffal | 304 lo, NY 14204 | |