

**Families on the Move of New York City, Inc.
Membership Application**

To apply for/renew membership, please complete the information below and send the completed form and a check to: Families on the Move of New York City, Inc.

Individual	\$15
Family	\$20
Family Run Organization	\$50
Organization	\$75
Sponsor	\$500
Other/Donation	\$ _____

Members of the Federation of Families for Children's Mental Health, please deduct \$5 off individual and family memberships.

Name: _____

Agency: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Email: _____

- ___ Parent/Caregiver of a Child with Special Needs
- ___ Social Service Provider
- ___ Concerned Citizen