

**Credit Card Payments:
\$99 will be charged for 2024 Membership**

Please Circle: MC VISA AMEX DISC

Name of cardholder: _____

Address of cardholder: _____

City / State: _____

Zip: _____

Phone Number: _____

Card Number# _____

Expiration date: ___/___/___ (XX/XX/XXXX)

Security code: _____ \$ _____

Signature: _____ Date: _____

Mail with application to: NYSCSG
Chris Banker
3922 Hogmire Rd., Avon, NY 14414



****NEW WEBSITE****

www.nystatechimneysweepguild.org