



CENTRAL NEW YORK CHAPTER
The National Football Foundation
and College Hall of Fame, Inc.



Membership Application

I am a: New Member Renewing Member Date: _____

Full Name & Preferred Prefix _____

Address _____

Address _____

City, State, Zip _____

Area Code and Daytime Phone Number _____ Work Home

E-Mail _____ Work Private

Employer _____ Title _____

MEMBERSHIP LEVEL:

- Varsity Club: One Year Membership \$40
- All-Conference Club: Three Year Membership \$99
- All-American Club: Three Year Membership \$250
- National Championship Club: Three Year Membership \$500
- Hall of Fame Club: Lifetime Membership \$1,000

PAYMENT OPTIONS:

- Enclosed is my check for \$_____, made payable to The National Football Foundation.
- Please charge my membership to my VISA

Credit Card Account Number &
Expiration Date _____

Signature of Card Holder _____

BENEFITS WAIVER:

- I prefer to waive all benefits offered at my gift level which renders my entire contribution tax deductible

Please return completed application and payment to:

RICHARD T. RANUCCI, CPA

Secretary/Treasurer

5730 Commons Park Drive, East Syracuse, New York 13057

315.449.1200 • Fax 315.449.2650

Email: rranucci@portcocpa.com