

NYS Coalition for the Aging, Inc.

Annual Membership Meeting

Registration Form

June 2, 2009

Yes, I will be attending the membership meeting on June 2, 2009.

Name: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Return to:

NYS Coalition for the Aging, Inc.

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