



I hereby apply for Brooklyn Consumer Federation Membership.

Please Print:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Signature: _____

Date: _____

Enclosed is my check / money order for \$10 as payment of my dues to Brooklyn Consumer Federation.

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Membership Approved: _____

Date: _____ By: _____