CLEAN AIR COALITION

Thank you for making Western New York a healthier place to live!

MEMBERSHIP FORM

Contact Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

I would like to make my annual membership pledge of:

All members receive CAC news bulletins, updates and discount rates to CAC events.

- ⌗ $5 Unemployed
- ⌗ $15 Part-Time Employee or Underemployed
- ⌗ $25 Full Time Employee at a Livable Wage

⌗ *I am interested in including the Clean Air Coalition in my will or estate.*

Checks should be made payable to the Clean Air Coalition of WNY and mailed to:

Clean Air Coalition of WNY
341 Delaware Ave.
Buffalo, NY 14202