



**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