



Membership Form

7/1/09 – 6/30/10

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

I subscribe to the mission and goals of the *Friends of the Kayaderosseras* and wish to become a member at the following level:

A. VOTING MEMBER (check one): _____ Individual (\$25) _____ Couple (\$35) _____ Senior/Student (\$15)

B. ASSOCIATE MEMBER: (sign below to indicate support for *Friends of the Kayaderosseras*)

Signature _____

Additional contribution? Please indicate amount: _____

Work contribution? Would you like to help with:

_____ Activities (land/water) _____ Education & Outreach

_____ Administration _____ Membership

_____ Conservation _____ Public relations

Other _____

GE Matching Funds:

If you are eligible, please

register at:

800-305-0669, press 2, or

www.gefoundation.com/matchinggifts

Please return to *Friends of the Kayaderosseras*, PO Box 223, Ballston Spa, NY 12020