



## Membership Form

July 1, 2010 – June 30, 2011

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](http://www.gefoundation.com/matchinggifts)

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