



Membership Form

July 1, 2011 – June 30, 2012

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) _____ Family (\$35) _____ Senior/Student (\$15)

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

Signature _____

Additional contribution? Please indicate amount: _____ to be used for: (check one)

_____ general support _____ trout stocking _____ walking and paddling support _____ clean-ups

Committee membership? Would you like to actively support the organization by working on a committee? Our standing committees are: _____ Recreation _____ Education & Outreach

_____ Administrative Services _____ Communications _____ Conservation

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

Visit our website at www.kayaderosseras.org