

## MEMBERSHIP FORM TO MAIL IN

*Please print form, fill out and send to:*

**The Association for the Protection of the Adirondacks  
897 St. David's Lane  
Niskayuna, NY 12309**

New Membership

New Membership Gift

**Annual Dues\*:**

- \_\_\_\_\_ \$20 Student  
\_\_\_\_\_ \$35 Individual  
\_\_\_\_\_ \$50 Family  
\_\_\_\_\_ \$100 Contributing  
\_\_\_\_\_ \$250 Business  
\_\_\_\_\_ \$500 Supporting  
\_\_\_\_\_ \$1,000 Friend of the Forest Preserve  
\_\_\_\_\_ \$2,500 Friend of the Adirondacks & Catskills  
\_\_\_\_\_ \$5,000 Champion of Forever Wild

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If Gift, FROM:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Make check(s) payable to: Association Protection Adirondacks –or- AfPA*

**OR PAY BY CREDIT CARD**

Visa  MasterCard  American Express  Discover  Diners Club

**Name on Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

I am eligible to participate in a Matching Gift Program: \_\_\_\_\_

**\*Please Note:** Dues are fully tax-deductible under section 501(c)(3) of the Internal Revenue Code