



P.O. BOX 10
BIG INDIAN, NY 12410
845-254-5354

www.catskillwaterdiscoverycenter.org

Please sign me up as a:

(Check all categories that apply)

- | | |
|---|--|
| <input type="checkbox"/> Charter Member | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Petition Supporter | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Letter Writer | <input type="checkbox"/> Story Clipper |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other |

Name _____

Business Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ **Fax** _____

E-mail _____

Local Address _____
(if different)

Local Phone _____
(if different)

Local Fax _____
(if different)

Please enclose \$100 per family, \$150 per business for Charter Memberships. Checks are payable to the Catskill Watershed Museum, and are tax deductible to the fullest extent of the law.

I will host a presentation in my home or business

You should also contact _____

