



Membership form

[Print this page and fill out the form, see mailing information below]

Date: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

_____ (\$30 / 1-year membership) _____ (\$15 / students)

[Check one / based on membership year, October 1 - September 30]

\$_____ If you wish to make an additional tax deductible donation,
please enter amount here and include it with your check.

Make check payable to CGSUNY, and mail it with this form to:

CGSUNY
627 Flax Island Road
Otego, NY 13825

Email: mdowney@cgsuny.org