



## Adirondack Architectural Heritage (AARCH) Membership

*Yes! I want to be part of AARCH's important work.  
Enclosed is my tax-deductible membership contribution.*

Mailing Address:

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

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

Address 2: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Summer Address (Optional):

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

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

Address 2: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Individual \$35 | <input type="checkbox"/> Benefactor \$500   |
| <input type="checkbox"/> Family \$50     | <input type="checkbox"/> Angel \$1000   |
| <input type="checkbox"/> Supporting \$50 | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Business \$50   | <input type="checkbox"/> AARCH Endowment  |
| <input type="checkbox"/> Sponsor \$100   | <input type="checkbox"/> Friends of Camp Santanoni  |
| <input type="checkbox"/> Patron \$250    | <input type="checkbox"/> My company has a matching gift program. I will send a form to AARCH. |

*Please send your registration and check to:*

Adirondack Architectural Heritage  
Civic Center, Suite 37  
1790 Main Street  
Keeseville, NY 12944

*"Web-Only" Offer good through June 1, 2008*