

Membership Form for Save Our Schoharie

Please return to: SOS, P.O. Box 856, Schoharie, NY 12157

Name _____

Address) _____

Phone # _____ E-mail _____

Enclosed is:

____ my individual membership (\$10) _____ our family membership (\$20)

Number of family members _____

____ I have included a donation for SOS

Please DO return this form! We need it to update information and to know who to contact when we need help. Thank you!