

Your Name _____ Phone _____
 Address _____
 City _____ State _____
 Zip _____
 Email _____

I want to become a member of the Friends of Ganondagan or renew my membership!

Please refer to our Membership page at www.ganondagan for full level and benefit descriptions.

<input type="checkbox"/> Individual	\$30	<input type="checkbox"/> Earthkeeper	\$250-\$499
<input type="checkbox"/> Senior (62+)	\$15	<input type="checkbox"/> Wolf	\$500-\$999
<input type="checkbox"/> Student w/ valid ID	\$15	<input type="checkbox"/> Eagle	\$1000-\$4999
<input type="checkbox"/> Family	\$60	<input type="checkbox"/> Turtle	\$5000+
<input type="checkbox"/> Longhouse Friend	\$100-\$249	<input type="checkbox"/> New Member	<input type="checkbox"/> Renewing Member

I am Native American Nation _____
 I am interesting in volunteering! Add me to your email list!

I want to give a gift membership to the Friends of Ganondagan!

Gift Recipient Name _____ Phone _____
 Address _____
 City _____ State _____
 Zip _____

<input type="checkbox"/> Individual	\$30	<input type="checkbox"/> Earthkeeper	\$250-\$499
<input type="checkbox"/> Senior (62+)	\$15	<input type="checkbox"/> Wolf	\$500-\$999
<input type="checkbox"/> Student w/ valid ID	\$15	<input type="checkbox"/> Eagle	\$1000-\$4999
<input type="checkbox"/> Family	\$60	<input type="checkbox"/> Turtle	\$5000+
<input type="checkbox"/> Longhouse Friend	\$100-\$249		

Native American Nation _____

I want to make a donation to the Friends of Ganondagan!

I wish to make a donation to the Friends of Ganondagan for \$ _____

Total Amount \$ Enclosed _____ Check Enclosed
 Credit Card #/Exp. Date _____ / _____ 3-digit Sec. Code _____

Mail or FAX the completed form with payment to :
 Friends of Ganondagan, PO Box 113, Victor, NY 14564, **FAX:** 585-742-2353, **Phone:** 585-742-1690