

## **Annual Membership**

	Family	\$75
	Business	\$55
	Individual	\$45
	Senior/Student	\$35
	<b>Additional Donation</b>	\$
$\neg$	Gift Membership	\$

THANK YOU for your SUPPORT!



Please complete your informati	on below:	
Name(s)		
(AS YOU WO	OULD LIKE TO APPEAR IN OUR P	ROGRAM)
Business Name		
Address		
City		
Telephone		
E-mail		
Please complete for gift member		
Name(s)		
Address		
City		Zip
The Sembrich is a 501c(3) non-profit orga	nization. All contributions a	re tax deductible as allowe

Please make your check payable to:

## The Sembrich

PO Box 417, Bolton Landing, NY 12814

or pay by credit card —

Amount	Mastercare	d Visa Discover				
Card Number						
Zip Code	Exp Date	3 digits				
Signature						
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