

Membership Application

Please fill out the form, check all appropriate box (s) and mail payment (check) to the address listed below. Please include your email address. Thank You.

() New Membership () Rene	:wal		
() Single Membership \$25 (Fund () Business Membership \$100		() Additional Contribution Project Specific	
() Associate Membership	me for Associate membersh	ip. (Individuals non-resident	/property
Member/Business Name			_
Address			_
City	State	Zip	
Phone ()	Email		
Family Membership - please	list spouse and children's	s names	
Spouse	Child		_
Child	Child		

Friends of Lake Algonquin PO Box 72 Wells, NY 12190

Friends of Lake Algonquin is a 501(c)(3) nonprofit organization.