

**SCHROON LAKE ASSOCIATION
P.O. Box 5, SCHROON LAKE, NY 12870-0005
WWW.SCHROONLAKEASSOCIATION.ORG**

**Membership Form
Dues: \$15/year individual; \$25/year couples**

NAME(S) _____

LOCAL MAILING ADDRESS _____

LOCAL PHONE NUMBER _____ CELL _____

WINTER ADDRESS (if different) _____

WINTER TELEPHONE (if different) _____

E-MAIL ADDRESS _____

** I prefer to receive information from SLA by email _____ regular mail _____ both _____

DONATIONS ARE WELCOMED. The Schroon Lake Association, Inc. is a 501 (C) (3) Not-for-Profit organization. Your gift is tax deductible to the fullest extent allowed by law.

Dues Amount	_____
Donation Amount	_____
Raffle Ticket Amount	_____
Special Donation to LaMP Fund	_____
Total Amount Enclosed	_____

Starting in 2007, volunteers from all around the watershed will be monitoring boats entering Schroon Lake at the Horicon and Town of Schroon boat launches for invasive aquatic plants.

I would be interested in volunteering for:

- _____ The boat launch project
- _____ Fundraising committee
- _____ Helping at the Arts & Crafts Fair
- _____ Membership & public relations
- _____ Other _____

Please mail this form with your check made payable to: Schroon Lake Association (SLA), P.O. Box 5, Schroon Lake, NY 12870-0005.