

## Seymour Lake Association—Membership Application

Names (s) \_\_\_\_\_ Date \_\_\_\_\_

Seymour Lake Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Membership** Type (please check): Family (\$30) \_\_\_ Individual (\$10) \_\_\_ Amount \_\_\_\_\_

**Tax Deductible Contribution** Please consider an additional donation to  
support Milfoil Inspection and Education Amount \_\_\_\_\_

**Total Enclosed** \_\_\_\_\_

Make check payable to SLA. Print out this form, fill it out, and

Mail to Janet Selby, Seymour Lake Association, P.O. Box 43, Morgan, VT 05853