

# LAPA-West Membership Application/Renewal Form 7/06

Member Information		
1) NAME:		
▶ Lake Associations: Please skip member questions # 2 - 8 and fill out additional Lake Association Questionnaire on back. ◀		
2) PRIMARY CONTACT:		
3) MAILING ADDRESS (only <u>one</u> please):		
4) PHONE NUMBER:	6) FAX NUMBER:	
5) E- MAIL ADDRESS:	7) WEBSITE:	
8) NAME OF LAKE/POND ASSOCIATION IF APPLICABLE:		
Choice of Membership		
<input type="checkbox"/> <b>General Membership - \$100.00 per year</b> Lake or pond association that maintains non-profit status and has a minimum of ten members. Multiple lake and pond associations that wish to represent the same lake or pond must have a minimum of twenty members each. Includes one vote at the annual meeting, three one-year subscriptions to the LAPA-West Newsletter to the designated contacts (President, Director & Alternate), and periodic e-mail news flash updates.		
<input type="checkbox"/> <b>Individual General Membership - \$20.00 per year</b> <b>Individual of a lake or pond association that is a member of LAPA-West and maintains non-profit status.</b> Non-voting. Includes a one-year subscription to the LAPA-West Newsletter and periodic e-mail news flash up-dates. <b>Please tell us the name of the member association you belong to above (Question #8).</b>		
<input type="checkbox"/> <b>Associate Membership - \$40.00 per year</b> Individual, association (other than lake or pond), organization, agency or business. Non-Voting. Includes a one-year subscription to the LAPA-West newsletter delivered to a designated contact. <input type="checkbox"/> Please check if you wish to receive an additional benefit of periodic e-mail news flash updates.		
<input type="checkbox"/> <b>Student Membership - \$10.00 per year</b> Non-Voting. Includes a one-year subscription to the LAPA-West Newsletter.		
Method of Payment		
<input type="checkbox"/> CHECK (Please make payable to "LAPA-West")	CHECK #:	DATE:

Please return this form (lake associations please be sure to fill out both sides) with your payment in the enclosed envelope to: LAPA-West Membership c/o Franz Forster: 16 Wellesley St., Pittsfield, MA. 01201 | E-mail: [fjfors@aol.com](mailto:fjfors@aol.com)

## *Dear Friends of LAPA-West...*

The Lakes and Ponds Association of Western Massachusetts was officially formed in September of 1999 to represent the interests of the lakes and ponds of western Massachusetts. We are a non-profit grassroots organization made up of local lake associations and folks like you, people concerned about the future of our water resources and the environment.

Our primary goal is to develop an active and effective network of stewards to help preserve, protect, maintain, and enhance the environmental, aesthetic, recreational and economic values of the lakes and ponds, and to promote watershed management within western Massachusetts. As a non-profit organization, we depend upon your financial support to continue and improve our efforts. Please consider making a tax-deductible contribution above and beyond membership. Together we can improve the water quality of our lakes and ponds and truly make a difference.

**Additional Tax Deductible Donation**

I wish to make a tax-deductible donation, above and beyond membership, for the amount of \$ \_\_\_\_\_

# LAPA-West Lake/Pond Association Questionnaire 7/06

Lake/Pond Association Information	
<b>NAME OF ASSOCIATION:</b>	
NAME OF LAKE/POND:	
TOTAL # OF CURRENT MEMBERS:	LAKE SIZE:
DATE OF ANNUAL MEETING ( <b>very important</b> ):	WEBSITE:
OTHER (FULL) ASSOCIATION MEETING DATES:	
OTHER LAKES/PONDS REPRESENTED BY YOUR ASSOCIATION:	
Lake/Pond Association Member Information	
<small>* Please note that your association Director will be the sole recipient (and responsible for) various important mailings such as member renewal notices.</small>	
<b>ASSOCIATION PRESIDENT:</b>	
FULL <u>MAILING</u> ADDRESS ( <b>only one please</b> ):	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS ( <b>very important</b> ):	
<b>*DIRECTOR</b> (Primary Contact):	POSITION:
FULL <u>MAILING</u> ADDRESS ( <b>only one please</b> ):	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS ( <b>very important</b> ):	
<b>ALTERNATE</b> (Additional Contact):	POSITION:
FULL <u>MAILING</u> ADDRESS ( <b>only one please</b> ):	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS ( <b>very important</b> ):	
<b>NEWSLETTER EDITOR:</b>	ISSUE DATES:
FULL <u>MAILING</u> ADDRESS ( <b>only one please</b> ):	
PHONE NUMBER:	FAX NUMBER:
E-MAIL ADDRESS ( <b>very important</b> ):	
<b>We want to hear from you...please tell us what you need from LAPA-West</b>	

**Thank you for taking the time to fill out this form.** The information you have provided will enable us to keep our database current and accurate, and allow us to serve you in the most efficient way possible.

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