



## Owasco Watershed Lake Association

### Membership Form

Name\* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Member Status:

Student \$5.  Single \$25.  Family \$50.

Sentinel \$100.  Guardian \$250.  Defender \$500.  Champion \$1000.

Number In Family \_\_\_\_\_

Your Company's Website \_\_\_\_\_

Home Phone \_\_\_\_\_  Cell  Land line

Work Phone \_\_\_\_\_  Cell  Land line

Other Phone \_\_\_\_\_  Cell  Land line

Alternative Mailing Name \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

ZIP Code\* \_\_\_\_\_

Country\* \_\_\_\_\_

Address Line 1 Summer \_\_\_\_\_

Address Line 2 Summer \_\_\_\_\_

City Summer \_\_\_\_\_

State Summer \_\_\_\_\_

ZIP Code Summer \_\_\_\_\_

Country Summer \_\_\_\_\_

Summer Date Beginning \_\_\_\_\_

Summer Date Ending \_\_\_\_\_

Please send this completed form along with your check to:

Owasco Watershed Lake Association

PO Box 1

Auburn, New York 13021

Thank you for joining us.