



LAKE PLEASANT-SACANDAGA ASSOCIATION
Application for Membership and Directory File

Please Print

Name(s) _____

Mailing Address _____

City _____ **State** ____ **Zip** _____

Phone # _____

Email _____

Hamilton County Location:

Address _____

City _____ **State** ____ **Zip** _____

Phone # _____

Please consider making a donation to help fund our programs. Any amount submitted in addition to your basic membership fee is tax deductible. A receipt will be provided.

CLASSES OF MEMBERSHIP

MEMBERSHIPS WITH DONATION:

_____ SPONSOR (\$30.00) _____ PATRON (\$50.00) _____ BENEFACTOR (\$100.00)

_____ DONOR (\$500.00) _____ FRIEND (\$1,000.00)

BASIC MEMBERSHIPS WITHOUT DONATION:

_____ INDIVIDUAL (\$15.00) _____ FAMILY (\$20.00) _____ BUSINESS (\$30.00)

Make checks payable to: LPSA

Mail checks to: LPSA, P.O. Box 383, Wells, NY 12190-0383