Salem Lakes Preservation Association 2024 Membership/Renewal Application



Name(s)	
Salem Address	
Street:	City:
State:	Zip:
Mailing Address (if different from above)	
Street:	City:
State:	Zip:
Tel:	
Cell:	
Email:	
Please consider making an additional donation to support our milfoil managinspections, education, and other vital association programs.	gement program including
Annual Membership Dues: \$20.00	
Additional Donation Enclosed: \$ (One Time)	
(or make a pledge to our Capital Campaign (see separate card).	
Total Amount: \$	
Receipt needed for your donation? Check and be sure to include your er	mail address above.
Please fill out this form and mail it with your donation to:	
Salem Lakes Preservation Association C/O Janet Cartee PO Box 134, Derby, VT 05829	
If you prefer to donate online we have a PayPal option available.	

Thank you for your generous support.

