

**Salem Lakes Preservation Association
2025 Membership/Renewal Application**

SALEM LAKES
PRESERVATION
ASSOCIATION

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 management program including inspections, education, and other vital association programs.

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 email 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

