Salem Lakes Preservation Association 2025 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 su including inspections, education, and other vital associatio	
Annual Membership Dues: \$20.00	
Additional Donation Enclosed: \$ (One Time	e)
Total Amount: \$	
Receipt needed for your donation? Check □ and be sure to	o include your email address above.
Please fill out this form and mail it with your donation to:	
Salem Lakes Preservation Association	
PO Box 134, Derby, VT 05829	

Thank you for your generous support

If you prefer to donate online we have a PayPal option available.