The Federation of Vermont Lakes and Ponds

www.vermontlakes.org ; Facebook@vermontlakes

The Federation is dedicated to preserve and protect Vermont's lakes, ponds and their watersheds for the benefit of this and future generations.

Annual Individual/Student Membership Application

(see reverse side for Association and Business memberships)

Non-Voting Membership Type:

Individual ($25.00/year).....$_____

Student ($13.00/year.....$_____

Additional donation to support FOVLAP's activities.....$_____

Total Enclosed .....$_____

Individual/Student Name: _____

Primary Mailing Address Effective from (mm/dd) _____ to (mm/dd) _____

Name_____

Street (or PO Box)_____

City_____ State_____ Zip_____

Telephone_____ (circle one: landline, mobile)

E-Mail Address _____

Secondary (if applicable) Mailing Address Effective from (mm/dd) _____ to (mm/dd) _____

Name_____

Street (or PO Box)_____

City_____ State_____ Zip_____

Telephone_____ (circle one: landline, mobile)

E-Mail Address _____

Make check payable to "FOVLAP" Mail to: FOVLAP, P.O. Box 766, Montpelier, VT 05601

FOVLAP is a 501(c)(3) non-profit organization. No goods or services were provided in consideration of this gift. All contributions are tax-deductible as allowed by law. Keep a copy of this as your receipt. EIN: 04-3588561

Contact info@vermontlakes.org for general information or membership questions.

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Annual Association/Lake Rep./Affiliate Membership Application

(see reverse side for Individual and Student memberships)

Voting Membership Type:

Association ($50.00/year) ..... $_____

Lake Representative ($25.00/year, no lake assoc.)..... $_____

Non-Voting Membership Type:

Affiliate ($75/year)..... $_____

Additional donation to support FOVLAP's activities ..... $_____

Total Enclosed ..... $_____

Assoc./L. Rep. Lake/Aff. Name: _____

Primary Mailing Address Effective from (mm/dd) _____ to (mm/dd) _____

Name_____

Street (or PO Box)_____

City_____ State_____ Zip_____

Telephone_____ (circle one: landline, mobile)

E-Mail Address _____

Secondary Mailing Address Effective from (mm/dd) _____ to (mm/dd) _____

Name_____

Street (or PO Box)_____

City_____ State_____ Zip_____

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