

LTPA Dues/Donation Form

To pay by **CHECK**:

Mail this completed form (with check payable to **LTPA**) to:

Dani Rapier
12 Longmeadow Rd.
Lincoln, MA 01773

Your Name: _____

Email address: _____

Mailing address: _____

Primary phone: _____

DUES: Please check the appropriate membership box(es):

- ☐ "Owner": **\$150 per year** Those who own shorefront property
- ☐ "Associate": **\$25 per week, up to \$100** Those who rent or reside on the lake
- ☐ "Friends of the Lake": **\$10 per year** Non-members wishing to stay in touch

Amount enclosed: \$ _____ Check #: _____ Date: _____

☐ **DONATION** to LTPA **OPERATING** Fund Amount: _____ Check #: _____

☐ In memory of: _____

☐ In honor of: _____

Acknowledgement to be sent to:

Name: _____ Addr: _____

☐ **DONATION** to LTPA **ENDOWMENT** Fund Amount: _____ Check #: _____

☐ In memory of: _____

☐ In honor of: _____

Acknowledgement to be sent to:

Name: _____ Addr: _____

Comments: