

LONG POND ASSOCIATION  
ASSOCIATE MEMBERSHIP

NAME \_\_\_\_\_

SUMMER ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

WINTER ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ARE YOU INTERESTED IN JOINING THE BOARD OF DIRECTORS \_\_\_\_\_

ARE YOU INTERESTED IN VOLUNTEERING \_\_\_\_\_

Would you prefer notices are sent by e-mail \_\_\_\_ or mail \_\_\_\_ (check one)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Membership Fee \$25 per person

Mail to: Long Pond Association  
203 Hemlocks  
Lakeville, MA 02347