

LONG POND ASSOCIATION

RESIDENT 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