



P.O. Box 240
Coventry, RI 02816

Membership Application

First Name _____ Last Name _____

Mailing Address _____

Home Phone _____ Other Phone _____

Email Address _____

Would you like to serve on a Committee? Yes _____ No _____

Do you have any special skills helpful to LMPA? Yes _____ No _____

If so, please explain: _____

I am at least 18 years of age and support the following mission statement:

Lake Mishnock Preservation Association, a nonprofit, all-volunteer organization, is dedicated to the safety, improvement, and protection of Lake Mishnock and strives to ensure its biological integrity and natural beauty for generations to come.

I hereby apply for membership:

Individual \$30 _____ Household \$40 _____

_____ AND, I wish to make an additional donation of \$ _____.

_____ I have donated \$100 or more and wish to apply for membership.

_____ I am donating \$ _____, but do not wish to become a member.

Signature _____ Date _____