

**KEZAR LAKE WATERSHED ASSOCIATION**  
**P. O. Box 88**  
**Lovell, ME 04051**

**MEMBERSHIP FORM**

Please enroll me as a member of the **Kezar Lake Watershed Association** for one year as indicated below:

Name \_\_\_\_\_ Date \_\_\_\_\_

Winter Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Summer Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

**My (tax-deductible) membership contribution level is:**

\_\_\_ **\$50 Stream**

\_\_\_ **\$150 Lake**

\_\_\_ **\$75 Brook**

\_\_\_ **\$200 Watershed**

\_\_\_ **\$100 Pond**

\_\_\_ **Other \_\_\_\_\_**

We would appreciate names and addresses of others who might be interested in the work of KLWA:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_