

Lake Fayetteville Watershed Partnership

Membership Form



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

Membership Level

- | | |
|---|----------------------------------|
| <input type="checkbox"/> \$10 Student/Senior | Member Dues for January-December |
| <input type="checkbox"/> \$20 Regular | Year: _____ |
| <input type="checkbox"/> \$35 Family | Date Paid: _____ |
| <input type="checkbox"/> \$100 Business/Organizations | |