

Lake Group Membership Form



Group Information

Group Name: _____

Organization Address: _____

City/State/Zip: _____

Address Type: Please select one.

- Paid staff, address does not change
- Volunteer staff, address does not change
- Volunteer staff, address changes with contact

PO Box Type: Please select one.

- PO Box belongs to organization
- PO Box belongs to main contact person

Organization Phone: _____

Organization Email: _____

Organization Website: _____

Lake: _____

Group Details

Annual Meeting Date: _____ Number of Members: _____

Primary Lake Concerns (circle all that apply):

Pollution Boat Traffic Water Quality Invasive Plants Stormwater Runoff

Other: _____

Best Month/Time of Year to contact our group: _____

Our group requires an invoice for membership payments.

Contact Information

Contact Person: _____

Title (circle one): President Vice President Treasurer Other: _____

Address: _____

City/State/Zip: _____

Address Type: Please select one.

- Permanent home address
- Seasonal address, no mail receptacle
- Seasonal address Please list date range address is valid: From _____ to _____

Phone: _____ Email: _____

We would like to schedule a speaker for our meeting on: _____

Meeting location: _____ Meeting time: _____

Contact name: _____ Phone: _____

Contact email: _____

Lake Group Membership

Our group would like to join at the following level:

- Distinguished Partner \$1,000+
- Supporting Partner \$500+
- Partner \$300+
- Contributor \$100+

Payment Information

Enclosed is a membership payment of:

\$ _____

- Invoice us for the above amount
- Check (payable to NH LAKES)
- Visa
- MasterCard
- Discover
- American Express

Card #: _____

Expiration (MM/YY): _____

Security Code: _____

Name as it appears on the card:

Signature (required for credit cards):

Lake Host Groups

If you participate in the Lake Host program and your renewal information and/or invoice needs to be mailed to an alternative address, please provide that address below.

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

- Please send a copy to our organization as well.

Please complete form and return with payment information to:
NH LAKES, 17 Chenell Drive, Suite One, Concord, NH 03301.

For more information, please call 603-226-0299 or visit our website at www.nhlakes.org.