

ALPOA 2012 Membership Form
Return by APRIL 30th to avoid Late Fee.
(Membership Fees are Non-Refundable)

Check membership type: (see membership types listed previously in newsletter)

	<u>Renewal Fee</u>	<u>With Late Fee</u>	<u>Lapsed Fee</u>	<u>New Member Fee</u>
___ Regular Member (lake area property owner)	\$230	\$245	\$255	\$380
___ Associate Member (Andover non-lake area)	\$230	\$245	\$255	\$380
___ Regular Senior Member (65+) (lake area)	\$210	\$210	\$235	\$360
___ Associate Senior Member (Andover non-lake)	\$210	\$210	\$235	\$360
___ Out of Town Member (Sr. rates N/A)	\$325			\$325

ADULT NAME _____ **Street Address** _____
 (Print name of one adult who will sign application below.) (Regular members use Lake Address. Use section below for "Mailing Address" if different.)

City _____ **State** _____ **Zip Code** _____ **Tel. No.** _____

MEMBERSHIP # _____ Leave blank if unknown from last year. Two cards in member's name will be issued.

NO. OF BOATS _____ (2 stickers per boat will be issued.) Check here if you have no boats.

FAMILY MEMBERS (Living at above address.) Do not include extended family. LEAVE AGE BLANK OVER 25.

Name: (1) _____ Age: _____ Name: (4) _____ Age: _____

Name: (2) _____ Age: _____ Name: (5) _____ Age: _____

Name: (3) _____ Age: _____ Name: (6) _____ Age: _____

Please complete if this is a rental property. **NAME OF RENTER:** _____

HOME ADDRESS: (For renters or part time residents, if different from Lake address above.)

Address _____ **City** _____ **State** _____ **Zip** _____ **Tel.** _____

Dates to use lake address: **From:** _____ **To:** _____

E-MAIL ADDRESS: _____ Check this box if you **DO NOT** want the newsletters delivered by E-Mail (our preferred method of delivery). If checked delivery will be by regular P.O. mail. (E-Mail will only be used for information regarding Lake activities.)

QUESTION FOR ALPOA MEMBERS: If electric motors for boating were to be considered for possible use on Andover Lake does that meet with your approval or disapproval?

(Check One Box) I approve I do not approve

I agree to abide by ALPOA's By-laws and rules and assume responsibility for appropriate conduct of my family and my guests. _____ Date _____
 (Signature of adult first named above.)

MAIL THIS APPLICATION ALONG WITH YOUR CHECK TO: ALPOA, P.O. BOX 54, ANDOVER, CT. 06232-0054.

FOR UPDATED INFORMATION go to: www.andoverlake.com