

ALPOA 2009 Membership Form

Return by MAY 15th to avoid Late Fee.

(Membership Fees are Non-Refundable)

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

	Renewal Fee	With Late Fee	Lapsed Fee	New Member Fee
___ 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)	\$295			\$295

Fees are unchanged from last year. No late fee for seniors.

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 # _____ Last year's number if you know it. Otherwise leave blank. Two cards in member's name will be issued.

BOAT STICKERS Please select one: () NONE REQUESTED or **Insert # of Boats** _____ (2 stickers to be issued per boat)

FAMILY MEMBERS (People living at above address. Extended family are not to be included.)
Age is required only for those 25 and under.

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:**

MAILING ADDRESS: Street Address:

(Snow Birds, Summer Residents, if different from above address.)

CITY _____ STATE _____ ZIP CODE _____ TEL. NO. () _____ - _____

DATES TO USE THIS ADDRESS: From: _____ To: _____

Would you share your Email address with us? _____
(It will be used only by ALPOA and ALMA to notify members of special information between newsletters.)

Activities you would like to see: _____
We need help for the Beach Bash. Call any board member if you can help one way or another.

I agree to abide by ALPOA's By-laws and rules and assume responsibility for appropriate conduct of my family and my guests.

(Signature of adult first named above.)

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