

SLWA Membership Application and Dues Notice

For fiscal year beginning September 1, 2009 and ending August 31, 2010

Individual/Family Membership.....\$35

Name: _____

Mailing Address: _____

Lake Address _____

Home Phone: _____

Lake Phone: _____

(Important) E-mail _____

Optional:

- I wish to further support the work of SLWA with an additional donation.*
- My dues are paid as part of a Group Association: however, I would like to make an additional individual payment as support for SLWA.*

(Your donation to our non-profit corporation is tax deductible. Thank you!)

Enclosed is my check payable to SLWA for \$_____

Please mail to: SLWA Treasurer

P.O. Box 44

Swartswood, NJ 07877