

Please accept my application for membership in the Indian Lake Watershed Association, Inc.

\_\_\_\_\_ Senior \$10                      \_\_\_\_\_ Sustaining Member \$75                      # of Adults in Family \_\_\_\_\_  
\_\_\_\_\_ Individual \$15                      \_\_\_\_\_ Benefactor \$150                      # of Children in Family \_\_\_\_\_  
\_\_\_\_\_ Family \$25                      \_\_\_\_\_ Patron \$1000                      Interested in Volunteering? \_\_\_\_\_

Name: \_\_\_\_\_

Donation to 2016 Capital Campaign?  
Amount \$ \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Send to:  
Indian Lake Watershed Association  
PO Box 60244  
Worcester, MA 01606

Phone: \_\_\_\_\_

Membership Valid 1 Year From Date of Receipt