

# ALPOA 2024 Membership Form

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**Win a FREE MEMBERSHIP:** All applications paid or postmarked on or before April 30<sup>th</sup> will avoid the \$15 late fee and will be entered into a drawing for a FREE MEMBERSHIP! One winner will be drawn at the semi-annual meeting in June.

Membership Option (Check One)	New Member Fee	Renewal Fee
<input type="checkbox"/> In Town Member	<b>\$330</b>	<b>\$290</b> (\$300 if you pay after 4/30)
<input type="checkbox"/> Out of Town Member (Senior Rate n/a)	<b>\$380</b>	<b>\$370</b> (\$370 if you pay after 4/30)
<input type="checkbox"/> Senior Member (65+ Andover only)	<b>\$330</b>	<b>\$255</b> (\$265 if you pay after 4/30)
<b>Member Information</b>		
Adult Name:  <small>(Print first and last name of one adult who will sign the application below)</small>	Street Address:  <small>(Use Lake Address. Use section below for mailing address if different)</small>	
City, State, Zip:		Phone #:
Email Address (will only be used to communicate lake info):		
Membership # if known:		Check Here if your membership has lapsed: <input type="checkbox"/>
Number of Boats:	Check Here if you have <b>NO</b> boats: <input type="checkbox"/>	Check here if you have <b>NEW</b> boats: <input type="checkbox"/>
<b>Family Members</b>		
List all people living at the above address. Exclude extended family not living at above address.		
<b>Adults in Home</b>		
Name:		Name:
Name:		Name:
<b>Please complete section below if you have a separate mailing address</b>		
Mailing Address of Property Owner:		City, State, Zip:
Is there a renter at the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Renter:
Are there any new activities you'd like to see/volunteer to help with?		
I agree to abide by ALPOA's by-laws and rules and assume responsibility for appropriate conduct of my family and my guests. I understand that membership fees are non-refundable.		
Signature of adult named above: _____		Date: _____

**Mail Membership Form & Check To: ALPOA, P.O. Box 54, Andover, CT 06232**