

# ALPOA 2022 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>\$300</b>	<b>\$260</b> (\$275 if you pay after 4/30)
<input type="checkbox"/> Out of Town Member (Senior Rate n/a)	<b>\$350</b>	<b>\$340</b> (\$355 if you pay after 4/30)
<input type="checkbox"/> Senior Member (65+ Andover only)	<b>\$300</b>	<b>\$225</b> (\$240 if you pay after 4/30)

Member Information		
Adult Name:  (Print first and last name of one adult who will sign the application below)	Street Address:  (Use Lake Address. Use section below for mailing address if different)	
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"/>
Family Members		
List all people living at the above address. Exclude extended family not living at above address.		
Adults	Children (list age if under 18)	
Name:	Name:	Age:
Name:	Name:	Age:
Name:	Name:	Age:
Please complete section below if you have a separate mailing address		
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**