

NEW MEMBER APPLICATION

Yes, I want to join the Keuka Lake Association!

New _____ Renewal _____

NAME(S) _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

KEUKA ADDRESS _____

CITY, STATE, ZIP _____

KEUKA PHONE _____

Dates I wish to receive mailings at KEUKA address: From ___/___ thru ___/___ (month/day)

MEMBERSHIP TIER (Check one) <i>Membership Dues are tax-deductible</i>	METHOD OF PAYMENT (Check one)
Basic \$30	Check # _____
Partner – \$50	Date ___/___/___
Sponsor – \$100	Visa
Patron – \$150	MasterCard
Guardian – \$250 & more	Amex
Business – \$50	Discover
Business/Personal - \$60	

Card number: _____

Expiration Date: ___/___/___ Signature: _____

Please mail application and payment to:

Keuka Lake Association, P.O. Box 35, Penn Yan, NY 14527