

KLA Membership Form

I'm "listening to the lake," and would like to join the Keuka Lake Association.

Name _____ Address _____

City State ZIP _____

Home Phone _____ E-mail _____

My KEUKA address _____

City ZIP _____

Keuka Phone _____

I receive mail at my KEUKA address from (____/____) to (____/____)
Mon /Day Mon /Day

Membership Tier (Check one)

Method of Payment (Check one)

Basic - \$30

Check

Partner - \$50

Visa

Sponsor - \$100

Mastercard

Patron - \$150

AmEx

Guardian - \$250 and more

Discover

Business - \$50

Business/Personal - \$50

Card number _____ Exp. Date _____
Month / Year

Amount Paid \$ _____

Cardholder signature _____

Just print, complete and mail this form, with payment, to:

Keuka Lake Association, Inc.

P.O. Box 35, PennYan, NY 14527