

KLA REGULAR 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 # _____ Date ___/___/___
	Partner – \$50		Visa
	Sponsor – \$100		MasterCard
	Patron – \$150		Amex
	Guardian – \$250 & more		Discover

Card number: _____

Expiration Date: ___/___/___ Signature: _____

Please mail application and payment to:

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

