Seymour Lake Association—Gift Membership Application

Name of person(s) gifting this membership _____

List Gift Recipient Information Below

Name(s)_____

Date _____ Membership is for calendar year_____

Seymour Lake Address _____

Phone Number used at Seymour lake _____

E-Mail Address _____

Additional E-Mail Address_____

First Mailing Address Effective from (mm/dd) _____to (mm/dd) _____

Street_____

City _____State_____ Zip_____ Telephone_____

Second Mailing Address Effective from (mm/dd) _____ to (mm/dd) _____

Street_____

City _____State_____ Zip_____ Telephone _____

Membership Type (please check): Family ($50) ____ Individual ($25) ____ Total Enclosed _____

Make check payable to SLA

Mail to: Seymour Lake Association, %Jean McKenny, P.O. Box 156, Derby, VT 05829-01564

1/2024