



2024 Annual Dues

Member's Name (s) _____

Membership Cost: \$ 50 + Additional Donation \$ _____ = Total \$ _____.

Please make checks payable to "CLCA"

Print and mail to:

CLCA, PO Box 803, Center Conway, NH 03813

E-mail address: _____

2nd E-mail address (optional): _____

Mailing Address: _____

Local Lake Address: _____

Phone Number (optional): _____

We are looking for volunteers – please let us know if you are interested and would like to help:

Yes, I'd like to help!

Invasive Species Patrol _____

Loon Conservation _____

Water Sampling _____