

# ALPOA 2020 Membership Form [www.andoverlakect.com](http://www.andoverlakect.com)

**1. FREE MEMBERSHIP:** All applications paid and postmarked on or before April 30<sup>th</sup> will avoid \$15 late fee\* AND will be entered into a drawing for a FREE MEMBERSHIP! ONE winner will be drawn on June 6<sup>th</sup>.

**2. 2020 Payment Plan Option:** In response to anticipated impact on our economy due to COV-ID 19, we are offering an optional payment plan: Pay ½ of your dues by April 30<sup>th</sup> and the remaining ½ by June 30<sup>th</sup> to avoid the late fee.

## Check membership type:

	<u>Renewal Fee</u>	<u>New Member Fee</u>
___ Regular Member (lake area property owner)	\$260* (\$275 after 4/30)	\$335
___ Regular Senior Member (65+) (lake area)	\$225	\$300
___ Associate Member (Andover non-lake area)	\$260* (\$275 after 4/30)	\$260
___ Associate Senior Member (Andover non-lake)	\$225	\$225
___ Out of Town Member (Sr. rates N/A)	\$340* (\$355 after 4/30)	\$340

ADULT NAME:

STREET ADDRESS:

(Print first and last name of one adult who will sign the application below)

(Regular members use Lake Address. Use section below for Mailing Address if different).

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (will only be used to communicate lake info)

MEMBERSHIP # \_\_\_\_\_ Leave blank if unknown. NUMBER OF BOATS \_\_\_\_\_ Check here if you have NO boats. ☐

**FAMILY MEMBERS:** List all people living at above address. Exclude extended family not living at above address.

### ADULTS

### CHILDREN (List age if under 18)

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please complete if this is a rental property. NAME OF RENTER: \_\_\_\_\_

HOME ADDRESS: (For renters or part time residents, if different from Lake address above.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_

Dates to use lake address: From: \_\_\_\_\_ to: \_\_\_\_\_

ARE THERE ANY NEW ACTIVITIES YOU'D LIKE TO SEE/ VOLUNTEER TO HELP WITH:

I agree to abide by ALPOA's By-laws and rules and assume responsibility for appropriate conduct of my family and my guests.

\_\_\_\_\_  
(Signature of adult first named above, Membership Fees are Non-Refundable)

Date \_\_\_\_\_

MAIL THIS APPLICATION ALONG WITH  
YOUR CHECK TO:  
ALPOA, P.O. BOX 54, ANDOVER, CT  
06232-0054