



# Clough Pond Association

www.cloughpondnh.org

## Membership/Donation Form

**Please complete and return with your membership dues/donation so that our membership/benefactor lists and addresses are up to date**

### Names & Contact Information

Name(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pond or Other Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### DUES FOR THE YEAR

- Family Membership: \$20 (a couple & all children of the family under 18)
- Single Membership: \$10 (an individual and all children of the individual under 18)

### CONSIDER A DONATION

- I/we would also like to donate \$ \_\_\_\_\_ to help the Clough Pond Association with expenses for: (please check the program below)
- I/we do NOT wish to become member(s) at this time, but would like to donate \$ \_\_\_\_\_ to help the Clough Pond Association with expenses for: (please check the program)

\*\*\* **PROGRAMS** \*\*\*\*\*

\* \_\_\_\_\_ \*

\*  Lake Host Program (Milfoil Watch) \*

\* \_\_\_\_\_ \*

\*  VLAP Program (Volunteer Lake Assessment – Pond Water Quality Testing) \*

\* \_\_\_\_\_ \*

\*  Where most needed (to be determined by the Board of Directors) \*

\*\*\*\*\*

Total amount membership and/or donation enclosed: \$ \_\_\_\_\_

Please make checks payable to the *Clough Pond Association*.

Mail to: Clough Pond Association  
c/o Barri-Lynn Medeiros, Treasurer  
100 Berry Road  
Loudon, NH 03307

CPA Use Only	
Rcvd By: _____	B _____
Date Rcvd: _____	W _____
Amount: _____	T _____
	D _____