

# The Lackawaxen River Conservancy Membership Application

## Membership pledge

I am concerned with the future and quality of the water in our watershed and would like to support the conservation efforts of the Lackawaxen River Conservancy through membership.

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

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

City, State: \_\_\_\_\_, \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am interested in assisting with volunteer monitoring efforts. Please send me more information. Choose **Yes / No**

Membership Type	Annual Fee	Check One (✓)
Senior/Student	\$10	
Individual	\$15	
Family	\$20	
Community Organization	\$50	
Corporate/Business	\$50	

In support of the watershed conservation efforts, I would like to provide an additional gift in the amount of \$\_\_\_\_\_.

Total enclosed: \$\_\_\_\_\_

Please mail this form with a check payable to "The Lackawaxen River Conservancy" to:

**The Lackawaxen River Conservancy**  
**P.O. Box 176**  
**Rowland, PA 18457**