



**The Twin Lakes Association
Membership form**

Dues are **\$25.00 PER PERSON**

Name (1) _____

Name (2) _____

Name(3) _____

Additional names _____

DATE _____

MEMBERS _____ X \$25 **PER PERSON** \$ _____

Additional donation for weed control \$ _____

TOTAL \$ _____

(make check payable to TLA)

EMAIL ADDRESS (No more than one per person):

#1 _____ #2 _____ #3 _____

Additional member emails _____

Summer contact:

Street or P.O. Box: _____

Town, State, Zip _____

Phones: (home) _____ (mobile) _____

Winter contact:

Street: _____

Town, State, Zip: _____

Phones: (home) _____ (mobile) _____

Please return this form with your check to:

Twin Lakes Association

P.O. Box 99

Salisbury, CT. 06068

Or email to:

membership@twinlakesassociation.org

NOTE: The information you provide on this form will be your entry into the TLA directory