

Membership

☐ Member \$10	☐ Donor \$25	☐ Contributor \$50	☐ Steward \$100
☐ Leader \$250	☐ Benefactor \$500	☐ Guardian \$1,000	O □ Other \$
Please make your ch	LOPA Memb P.O.	a Preservation Association Pership Committee Box 2884 d, MA 01202	n, Inc or LOPA and mail to:
	Amount Enclosed	d \$	
MEMBER NAME(S)		PHONE	
MAILING ADDRESS			
CITY		STATE	ZIP
*E-MAIL(S)			
Please cha	arge my account: □ V	/isa □ MasterCard	☐ American Express
Card Number:			Expiration:/
Name as it appears o	n credit card:		
Cardholder's Signatu	re:		

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