

2024 MEMBERSHIP

Check one that app	olies: NEW MEMBER 🔲 o	or RETURNING MEMBER
OWNER NAME (Pri	nt):	
LOCAL ADDRESS (R	oad/911 no.):	
MAILING ADDRESS	:	
ROAD/STREET		CITY
PROV/STATE	POSTAL CODE:	E-MAIL
PHONE(S): _	/LSD area)	
	(LSP area)	(Home)
- for name, e	our online bank and follow enter "Treasurer LSPPOA";	ring the Interac e-Transfer instructions: for email, enter "treas.lsp@gmail.com relevant information listed above
. vote. merade	OR	
_	ompleted form AND your c n, LPH1-340 Watson St. We	heque (payable to LSPPOA) to: est, Whitby, ON L1N 9G1.
☐ I consent	to receiving electronic mess	ages from LSPPOA and F.O.C.A.
•	nssist with future family/children's particular in who might attend: ages 2-6	orograms, please indicate ages & number of ages 7-12 ages 13+

community. Through strength in numbers, we promote responsible stewardship of our environment and advocate on your behalf in support of our mutual interests and well-being.

The LSPPOA is constituted to inform members of ongoing and developing issues of concern to our greater lake

Thank you for your support!

www.lakestpeterassoc.com & https://www.facebook.com/LSPPOA