

LAKE CLEAR ASSOCIATION
P.O.BOX 157
LAKE CLEAR, NY 12945
lakeclearassoc@gmail.com

Stewards of the lake through outreach, restoration, and research.

OUR MISSION

The Association exists to enhance and maintain the water, air and land quality of Lake Clear Lake and its boundaries and by membership vote, to guard against improper modification and respond to any improper activity that may have negative impact on the Lake, its boundaries and inhabitants

MEMBERSHIP FORM

DATE OF APPLICATION: _____

NAME: _____

PRIMARY ADDRESS: _____

SECONDARY ADDRESS: _____

PHONE: _____ CELL PHONE Yes ___ No ___

May we contact you via Text Messaging? Yes ___ No ___

EMAIL ADDRESS: _____

OWN _____ RENT _____ SEASONAL RESIDENT: Yes ___ No ___

Would you be interested in serving on one of the Lake Clear Association Sub-Committees or as an Officer on the Executive Committee?

Executive Committee: _____

Membership: _____

Health & Safety: _____

Environment: _____

Please send completed application form & a check for \$15.00 to the address above.