

Lake Fayetteville Watershed Partnership Membership Form



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

Membership Level

Membership Dues for January-December

\$10 Student/Senior

\$20 Regular

\$35 Family

\$100 Business/Organizations

Mail Check To: PO Box 9943
Fayetteville, AR 72703

For LFWP Use:

Year: _____ Date Paid: _____