

Business Membership 2024

Business Name: (as it is to be listed in LSPA's Annual Report) Contact Person: Phone: E-mail: Website Address: Please join in our work to preserve and protect the environmental quality of Lake Sunapee and its watershed. Business Caretaker \$50 Credit card information: Business Steward \$100 ___ Master ___ Visa ___ Discover Business Guardian \$250 Cardholder: Business Protector \$500 Card Number: Business Sentinel \$1,000 and up 3 or 4 digit Security Code: Other ____ Expiration Date: _____ Billing zip code:

Please enclose your tax-deductible check, with this form and return to:

LSPA PO Box 683 Sunapee, NH 03782

LSPA thanks you for this important support.