HAYDEN LAKE WATERSHED ASSOCIATION

1. Your Information:

Name(s)

_____

Mailing Address

_____

City/State/Zip:

_____

Phone: _____

Email: _____

2. Select Your Annual Membership Level:

Contributions are tax-deductible to the fullest extent of the law.

[ ] Watershed Member: $50

[ ] Watershed Protector: $100

[ ] Lake Guardian: $250

[ ] Watershed Champion: $500+

[ ] Other Donation Amount: $_____

3. Payment Method:

[ ] Check enclosed (Please make checks payable to: Hayden Lake Watershed Association)

4. Get Involved (Optional)

[ ] I am interested in volunteering to help with education, habitat restoration, and other HLWA projects.

Make checks Payable to:
HLWA
P.O. Box 3583
Hayden, ID 83835