



LFIA Membership Application

Complete the application and return to:

**Nancy Finn
LFIA Membership Chair
56 Colgate Road
NLF, MA
02462-1308**

Checks should be payable to the **LFIA or Lower Falls Improvement Association.**

Name: _____

Address: _____

Telephone #: _____ Email: _____

Please select membership category

Family \$30.00; please list other family members who are 18 years or older:

Business: \$30.00

Senior Family (over 65): \$15.00

Individual: \$20.00

Individual Seniors over 65: \$10.00

Friend: \$15.00

Donations: Consider making an additional donation to support the LFIA

General: \$10 \$5 _____ Other

Beautification Fund: \$10 \$5 _____ Other

Skating Rink: \$10 _____ Other

Playground Fund: \$10 _____ Other

Other: _____

If you have any questions, please email Nancy Finn at nefinn@msn.com.