



APPLICATION FOR MEMBERSHIP

Alcove Preservation Association
Post Office Box 81
Alcove, New York 12007

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Indicate the class of membership you are seeking:

- ☐ Regular Member (dues are \$10.00 for calendar year)
- ☐ Associate Member (dues are \$10.00 for calendar year)
- ☐ Student Member (no dues for member under 18)