

**NALMS**



**NORTH  
AMERICAN  
LAKE  
MANAGEMENT  
SOCIETY**

P.O. Box 5443 • Madison, WI • 53705-0443  
608-233-2836 • fax: 608-233-3186  
[www.nalms.org](http://www.nalms.org)

## **HOW TO BECOME AN AFFILIATE MEMBER OF NALMS**

The NALMS Board grants Affiliate member status to state, provincial, territorial or regional lake management groups which have a purpose, objective, and mission statement consistent with those of NALMS, demonstrate a willingness to partner with NALMS on activities that promote environmentally sound lake and reservoir management, and successfully petition the Board for approval of the group's Affiliate membership in NALMS.

In order to apply for Affiliate membership, please provide a cover letter stating your organization's desire to join NALMS as an Affiliate member. Also include a check for dues (please see our website for the going rate), and a completed Affiliate Member Petition Form (provided below).

Send your application materials and dues check to:

North American Lake Management Society  
P.O. Box 5443  
Madison, WI 53705  
Office: 608.233.2836  
Fax: 608.233.3186  
Website: [www.nalms.org](http://www.nalms.org)

Following its receipt in the NALMS office, your application will be evaluated by NALMS' Affiliate member subcommittee and then presented to the Board of Directors for approval. Your organization will then be contacted to report the Board's decision and work with your representative to take whatever further steps may be necessary to fully implement your affiliate membership.

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## NALMS AFFILIATE MEMBER PETITION FORM

Please attach by-laws, membership directory, and other pertinent information to completed form and mail along with your cover letter and dues payment to: NALMS Affiliate Members; P.O. Box 5443, Madison, WI 53705-5443 USA. Affiliate Member petitions should be received at least two months prior to mid-term or annual NALMS Board of Directors meetings at which petition is to be considered. Dates of meetings will be announced in *LakeLine* and on the NALMS web site ([www.nalms.org](http://www.nalms.org)). For further information, phone NALMS office, (608) 233-2836.

**NAME OF PROPOSED AFFILIATE:**

**GEOGRAPHIC AREA REPRESENTED** (e.g. State or Province):

**OFFICIAL REPRESENTATIVE OF AFFILIATE:**

**Name:**

**Address:**

**Address:**

**City, State, Zip:**

**Country:**

**Phone number:**

**Email address:**

**PURPOSE, MISSION STATEMENT, AND OBJECTIVES:**

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**BRIEF HISTORY** (if newly forming, describe organizational steps to date and major tasks remaining; if previously organized, list date incorporated, non-profit status, members, etc.):

**JUSTIFICATION FOR AFFILIATE** (including anticipated interactions with NALMS):

Signatures:

Proposed Affiliate Representative

Date

NALMS Regional Director

Date