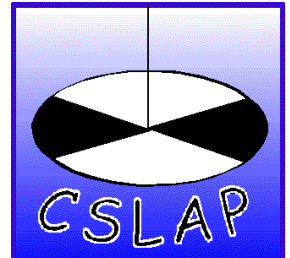


2023 CSLAP APPLICATION FORM



Welcome to the Citizens Statewide Lake Assessment Program (CSLAP) - a volunteer lake monitoring and education program that is managed cooperatively by the New York State Federation of Lake Associations, Inc. and the NYS Department of Environmental Conservation.

Lake Name _____ County _____

Primary CSLAP Contact:

Name _____ email _____

Address _____

City _____ State _____ Zip _____ Phone _____

Names of other volunteers participating this year. (Use reverse side if needed.)

Has this person ever attended a formal training session? (Circle yes or no.)

1. _____

YES

NO

2. _____

YES

NO

3. _____

YES

NO

4. _____

Are there any invasive species known to be present in your lake?

YES

NO

Plants:

Eurasian watermilfoil Curly leaf pondweed Hydrilla Starry Stonewort Variable Leaf Milfoil

European frog-bit Water chestnut Fanwort Brazilian Elodea Brittle Naiad

Other: _____

Animals:

Zebra mussels Quagga mussels Spiny water flea Round goby Asian clams Chinese or Banded Mystery Snails

Other: _____

What lake management activities are taking place on your lake?

Mechanical weed harvesting Aquatic herbicide (which one? _____) applications for what species/purpose: _____

Aeration system Oxygenation system Grass carp (How many? When were they stocked?) _____

Other: _____

Bottle/Supply Delivery Address (usually around Memorial Day weekend).

Name: _____

Address: (Note: We ship via FedEx and cannot deliver to a PO Box address.)

City _____ State _____ Zip _____

Email: _____

Phone: _____

Cooler return address (if different from above) -

Name: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

Can you help us save money? It's cheaper to return coolers to a business location rather than a residential address.. If you are able to arrange a pick up of your cooler at a business location, please indicate that address below. If not, that's okay too. Thank you.

Business Name _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

- ◇ Ship bottles and supplies to business address as well as all return coolers
- ◇ Ship bottles and supplies to primary contact and return coolers to business address after each sampling round.

2023 CSLAP Participation Fee 4 Rounds of Sampling - Sample once per month June - September

Deep Lake \$300 _____ Shallow Lake \$200 _____ Sample

2023 CSLAP Participation Fee 8 Rounds (Biweekly Sampling) - Sample twice per month June - September

Deep Lake \$470 per site _____ Shallow Lake \$370 _____

Please send everything together by 02/01/2023 and make your check payable to NYSFOLA (not CSLAP).

Send to: NYSFOLA PO Box 84 LaFayette, NY 13084

2023 CSLAP Checklist -

- _____ 2023 NYSFOLA Membership Form
- _____ 2023 NYSFOLA Dues
- _____ 2023 CSLAP Application
- _____ 2023 CSLAP Participation Fee
- _____ 2023 Signed waiver forms for all participants listed above .

We can now accept copies of waiver forms, but the original version must be hand signed by the participant. (No font or electronic signatures, please.) **Please have one person gather them all and send them together with the application, membership form, dues, and participation fee.**

Applications will be considered incomplete until everything has been submitted. Please send everything together!

Thank you everyone. We're looking forward to a great 2023 season

Waiver Form Reminder

2023 Waiver forms must be on file for all CSLAP participants. Only trained volunteers should be conducting the sampling, but if you record a person's name on the Sampling Record Form or Observation Form as an assistant or "crew member," a waiver form must be signed and included with the samples. Extra forms will be available on the NYSFOLA website throughout the season.

Volunteers must be 18 years of age or older. Thank you.