

# 2024 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 Tuxedo, Weewah, Little Weewah (Pond 3) County Orange

Primary CSLAP Contact:

Name Christine Peverly email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State NY Zip 10987 Phone \_\_\_\_\_

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

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

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: \_\_\_\_\_

# 2024 Membership Form

## New York State Federation of Lake Associations, Inc.

### Lake, Watershed and other Associations:

Small Association (10-74 members)	\$ 75.00
Medium Association (75-149 members)	\$125.00
Large Association (150 or more members)	\$250.00 ✓
Foundation (affiliated with NYSFOLA member)	\$150.00

### Individual Memberships:

Individual Membership (not a member of a NYSFOLA member lake association)	\$ 40.00
Individual Member of a 2024 NYSFOLA member lake association	\$ 30.00
Student Membership	\$ 15.00

**Corporate Membership:** \$350.00

Name of Lake Association or Individual Village of Tuxedo Park  
Location (County) Orange  
*(important if your lake is one of many in the state with the same name)*

Contact Name Christine Pererly  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Web site tuxedopark-ny.gov

Amount Remitted \$ 950 Check # \_\_\_\_\_ Date \_\_\_\_\_

**Any Additional Donation?** \_\_\_\_\_

The New York State Federation of Lake Associations, Inc. is a 501(c)(3) not-for-profit corporation registered with the NYS Office of the Attorney General Charities Bureau 28 Liberty Street 15<sup>th</sup> Floor New York, NY 10005 phone: (212)416-8401. A copy of our latest annual financial report is available from the Charities Bureau or by contacting NYSFOLA at P.O. Box 84 LaFayette, NY 13084. It can also be found online at [www.charitiesnys.com](http://www.charitiesnys.com). Enter NYS Federation of Lake Associations in the search space.

### Send Payment to:

**New York State Federation of Lake Associations, Inc. (NYSFOLA)**  
**P.O. Box 84**  
**LaFayette, NY 13084**

**Bottle/Supply Delivery Address** (We usually ship bottles in mid-late May).

Name: Christine Peverly

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

Tuxedo Village Office 80 Lorillard Road

City Tuxedo Park State NY Zip 10987

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Cooler return address (if different from above) -**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2024 CSLAP Participation Fee 4 Rounds of Sampling - Sample once per month June - September**

Deep Lake \$300 x 1 Shallow Lake \$200 x 2 Sample

**2024 CSLAP Participation Fee 8 Rounds (Biweekly Sampling) - Sample twice per month June - September**

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

**Your complete CSLAP package is due by 02/01/2024. Please make your check payable to NYSFOLA (not CSLAP). Please have one person gather everything together and send it as a complete package. Applications will not be considered complete unless everything has been submitted.**

Send to: NYSFOLA PO Box 84 LaFayette, NY 13084

**2024 CSLAP Package Checklist:**

- \_\_\_\_\_ 2024 NYSFOLA Membership Form
- \_\_\_\_\_ 2024 NYSFOLA Dues
- \_\_\_\_\_ 2024 CSLAP Application
- \_\_\_\_\_ 2024 CSLAP Participation Fee
- \_\_\_\_\_ 2024 Signed waiver forms for all participants listed above .

We can now accept clear, legible copies of waiver forms, but the original version must be hand signed by the participant. We cannot accept "font" or electronic signatures or photos of the form.

Thank you everyone. We're looking forward to a great 2024 season

**Waiver Form Reminder**

2024 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.