

Membership Form: 2018 Lake Area or Neighborhood _____

Name _____ Cell Phone #: _____

Email: _____ Home Phone# _____

Lake Address: _____ City: _____ St: _____ Zip: _____

Please Circle One: Seasonal Resident Year-Round Resident
Please Circle One: First Time Member Renewing Current Membership Returning to Membership

Primary Home Address: _____

Primary Home/Cell Phone #: If same as above _____

	Membership Dues:	\$ 30.00
Fireworks Fund:	Money Forwarded to Fireworks Association	\$ _____
Scholarship Fund:	For The 2018 SLCA Scholarship	\$ _____
Memorial Fund:	Memorials sent to members Funeral Services	\$ _____
*Pier Address Sign:	Free to 1st. Time NEW Members	\$ _____ (Additional Signs \$20.00 each)

Total \$ Enclosed: \$ _____