

Membership Form: 2020 Lake Area or Neighborhood _____

Name _____ Cell Phone # _____

Email: _____ Home Phone# _____

Lake Address: _____ Snow Lk. Fremont, In 46737

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: \$ 40.00

Fireworks Fund: Money Forwarded to Fireworks Association \$ _____

Scholarship Fund: For The 2018 SLCA Scholarship \$ _____

*Pier Address Sign Free to 1st. Time NEW Members \$ _____ (Additional Signs \$20.00 each)

Total \$ Enclosed: \$ _____