

2018 WLCA MEMBERSHIP FORM

(Please return this voucher with your payment)

Name(s) _____

E-mail Address _____

Lake Address _____

Mailing Address _____

Contact Phone(s) _____

E-mail Statements Yes No

Membership Dues \$ **100.00**

Fireworks Fund \$ _____

Weed Fund \$ _____

TOTAL: \$ _____

Checks Payable to WLCA

Mail to: WLCA
P.O. Box 79
North Webster, IN 46555

Code: WebSite