

2019 WLCA MEMBERSHIP FORM

(Please return this voucher with your mailed payment)

Name(s) _____

E-mail Address _____

Lake Address _____

E-mail Statements Yes No

Mailing Address _____

Check Payable to WLCA

Contact Phone(s) _____

Mail to: WLCA

P.O. Box 79

North Webster, IN 46555

Membership Dues \$ **100.00**

Fireworks Fund \$ _____

Weed Fund \$ _____

PAYMENT MAY BE MADE THRU PayPal

Information at www.lakewebster.net,

Pay Dues Tab

TOTAL: \$ _____

Code: Website

WLCA is a Not-for-Profit Charitable Corporation Under IRS Section 501(c)(3).

