

# Membership Form

## Annual Membership Dues and Donations





**Annual Membership Dues: \$25**

Please complete the entire form so we can keep our database current.

Mail forms to: LWA Membership, PO Box 26, Outing, MN 56662

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Lake Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Year you purchased property on Lake Washburn: \_\_\_\_\_

I prefer to receive my newsletter by email instead of US Mail.

<b>METHOD OF PAYMENT</b>		<b>PAYMENT INFORMATION</b>																																																													
		<i>ALL contributions are tax-deductible</i>																																																													
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CASH/CHECK	<input type="checkbox"/> Contribution Only	Year(s) _____																																																												
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		<input type="checkbox"/> Renewal	Dues: \$ _____																																																												
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Signature: _____		<i>General Fund (GF) donations are used for operational costs such as: Newsletter, Ice Cream Social, Fishing Challenge, and other expenses. Aquatic Invasive Species (AIS) donations are restricted for AIS efforts only</i>																																																													
<input type="checkbox"/> Add 3.5% to the total to help pay for the credit card processing fees.																																																															

<input type="checkbox"/> <b>Sustaining Membership</b>	Bill my credit card every January for the total listed above until I notify LWA in writing of a change.
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**I am interested in participating in the following areas: Check all that apply**

<input type="checkbox"/> Sheriff's Water Safety Patrol	<input type="checkbox"/> County Road 48 Clean-up	<input type="checkbox"/> Invasive Species (AIS) Prevention and Treatment
<input type="checkbox"/> Board or Officer	<input type="checkbox"/> Welcoming Committee	<input type="checkbox"/> CL Township/AIS Committee
<input type="checkbox"/> Committee Chair	<input type="checkbox"/> Fishing Challenge	<input type="checkbox"/> Water Quality Testing
<input type="checkbox"/> Buoy Markers	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other _____