



Vilas County Lakes and Rivers Association MEMBERSHIP APPLICATION OR RENEWAL

Preserving, protecting and enhancing our Vilas County lakes and waterways for present and future generations

Type of Membership:

Individual/Family \$25 Lake Organization \$50 Associate/Supporting \$75

Section A: Individual/Family or Associate/Supporting Membership

Name(s) _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Email Address: _____ Ph _____

Wish to receive newsletter via email? Yes No

Wish to receive occasional email alerts on lake issues? Yes No

Name of Lake of Residence: _____

Name of Lake Organization (*if established*): _____

Other affiliation (i.e. town chairman, county commissioner, etc.) _____

Section B: Lake Organization (Lake Associations and Districts) Membership

Please submit the names and contact information of organization officers/ board of directors/commissioners, each will receive the VCLRA newsletter. If person and contact information is the same as prior year write "NC" after name. Please indicate a **Key Contact Person**, ideally with email, this is used occasionally when legislative updates or call-to-actions occur.

Lake organization name _____

Website _____

Approximate number of individuals represented by lake organization _____

Please attach additional board members, directors, or commissioners, if needed.

President/Chairman

Name(s) _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Wish to receive newsletter via email? Yes No

Name of Lake of Residence: _____

Receive occasional email alerts on lake issues? Yes No

Key Contact Person? Yes No

Vice-President

Name(s) _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Wish to receive newsletter via email? Yes No

Name of Lake of Residence: _____

Receive occasional email alerts on lake issues? Yes No

Key Contact Person? Yes No

Secretary

Name(s) _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Wish to receive newsletter via email? Yes No

Name of Lake of Residence: _____

Receive occasional email alerts on lake issues? Yes No

Key Contact Person? Yes No

Treasurer

Name(s) _____

Permanent Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Wish to receive newsletter via email? Yes No

Name of Lake of Residence: _____

Receive occasional email alerts on lake issues? Yes No

Key Contact Person? Yes No

Please make checks payable to: Vilas County Lakes and Rivers Association (VCLRA)
Return completed form with annual dues before **June 1st** to: VCLRA; PO Box 494; Eagle River, WI 54521