



Walworth County Lakes Association

P.O. Box 753, Elkhorn, WI 53121
www.walworthcountylakes.org

Organization Membership Application/Renewal

All information will be kept in the strictest confidence and used only for official Walworth County Lakes Association (WCLA) business.

Please update contact information listed as needed!

Your Organization's Information (Please Print)

Organization Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Web Site: _____

Our organization wishes to support Walworth County Lakes Association's efforts in providing a resource for Walworth County lakes to share lake-related information and concerns among one another and with governmental units. I have filled in my organization and member information and enclosed my annual dues.

\$ 50.00 Annual Membership Dues

\$ _____ Kevin MacKinnon Education Fund donation

\$ _____ Other Donation

\$ _____ TOTAL amount enclosed - Check or Money Order payable to:
WCLA, PO Box 753, Elkhorn, WI 53121

Signature: _____

Date: _____

Office Use Only
Check # _____ Check Date: _____ Amount \$ _____

Please list contact information for your organization's representatives below. If more than one alternate contact, space is provided on the back of this sheet.

Primary Representative Contact Information (Please Print)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: (optional) _____

E-Mail Address: (optional) _____

Can we add you to the WCLA Email list for announcements, meeting reminders and meeting minutes? YES NO

Alternate Representative Contact Information (Please Print)

Please provide as much information as possible for your organization's alternate representative to WCLA.

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: (optional) _____

E-Mail Address: (optional) _____

Can we add you to the WCLA Email list for announcements, meeting reminders and meeting minutes? YES NO

WCLA is a recognized non-profit organization under Internal Revenue Code 501(c)(3). Both your membership fee and contributions are deductible to the extent allowed by law.

Please provide as much information as possible for your organization's alternate representative to WCLA.

Alternate Representative 2 Contact Information (Please Print)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: (optional) _____

E-Mail Address: (optional) _____

Can we add you to the WCLA Email list for announcements, meeting reminders and meeting minutes? YES NO

If you have thoughts, concerns or ideas that you would like to share with us, please note below.

If you have any thoughts, concerns or ideas that you would like to share with us, please note below.

If there are other members of your organization or know other individuals who would be like to be on Walworth County Lakes Association's Emailing list, please list their information below.

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____

Name: _____

E-Mail Address: _____