



2017 Membership Form

Select Membership Type:

___ Single (\$20)

___ Family (\$30)

___ Crystal Club (\$100) - Includes a \$70 contribution to CLAA

___ Corporate (\$250) - Includes promotional website mention

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Lake Address (if different) _____

City _____ State _____ Zip _____

Lake Phone _____ Additional Email _____

Indicate if any change from last year Yes _____ No _____

In addition, we are enclosing additional dollars to help sponsor:

_____ Weed Control (site specific)

_____ Venetian Night Fireworks

Please return this completed form to:

CLAA | P.O. Box 32 | Elkhart Lake WI | 53020-0032