



**CRYSTAL
LAKE**

Membership Form

Select Membership Type:

Single (\$20)

Family (\$30)

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

Corporate (\$250)

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 proportional to donation w/\$100 minimum)

_____ Venetian Night Fireworks (Red = \$1,000, White = \$500, Blue = \$250)

Please return this completed form to: CLAA | P.O. Box 32 | Elkhart Lake WI | 53020-0032