



MEMBERSHIP APPLICATION

Annual Fee \$20

Name: _____

Home Address: _____

Postal Code: _____ Home Phone: () _____

Eagle Lake Address: _____

Postal Code: _____ Eagle Lake Phone: () _____

Roll Number: (from Tax Bill): _____

E-Mail Address: _____

Would you serve on a committee: No Yes
Picnic Lake Markers Cottage Watch Lake Rehabilitation

Membership Type: New Renewal
1 year (\$20) 2 year (\$40) 5 year (\$100) Other _____

Donations: Fish Fund: \$ _____ Other/General: \$ _____

Topics for discussion at the Annual General Meeting: _____

Comments: _____

Please mail form and fee to: ELCA, Box 539, South River, Ontario P0A 1X0