

CLCA MEMBERSHIP APPLICATION

I (we) hereby submit our application for membership in the Chapman Lakes Conservation Association, Inc.:

Member(s) name: _____

Mailing address: _____

City: _____ ST: ____ ZIP _____

New Member Already a Member

Comments: _____

Enclosed is our check for: [] **Single membership \$25.** [] **Two memberships \$50.**

I'm including my contribution of \$_____ for the annual Independence Fireworks.

(Contributions to CLCA are not tax-deductible.)

PRINT THIS PAGE AND MAIL WITH YOUR CHECK (No cash, please)
PAYABLE TO:

CLCA
P.O. Box 776
Warsaw, IN 46581-0776