

ANNUAL MEMBERSHIP

Name(s): _____

ACTIVITY	QTY	RATE	AMOUNT
2017 Membership 2017 Annual Membership (Active July 1, 2017 through June 30, 2018)	1	25.00	25.00
I/We agree to have our contact information included in the NSTLRA Membership Directory:		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Your membership supports the care of our lakes. Please provide your contact information below. Please also provide us with your email address and your preferred phone number. **Your personal information is private and will not be shared with any outside sources.**

Home Address:

Number/street _____

City _____ State _____ ZIP _____

Check here if both of your home address and lake address are the same.

Lake Address: _____

City _____ State _____ ZIP _____

Email _____

Preferred Phone (_____) _____

AMEN (Aggressive Milfoil Eradication Now) Fund:

Thanks to all who contributed to the AMEN Fund. Your contributions are greatly appreciated and will help cover the cost of treating and managing milfoil in our lakes.

Replenishing the AMEN Fund to prepare for the cost of milfoil treatment actions in the future is important.

Your contribution in 2017 will continue to support our on-going efforts to ensure the future health of our lakes. You may enclose your contribution with your annual membership payment.

My contribution to the AMEN Fund:

\$100 \$250 \$500

\$ _____

Make checks payable to NSTLRA, Inc.
 Mail your membership and contribution to:
 NSTLRA, Inc.
 PO BOX 163
 Phelps, WI 54554

**Please return this form with your
 Annual Membership Payment
 and AMEN Fund Contribution.**