

# Membership Application

Friends of Istokpoga Lake Association, Inc.

Annual membership fee \$7.00 per person  
Annual Family Membership fee \$12.00 per family\*  
Annual Associate membership fee \$25.00

Annual dues are valid Jan. 1 to Dec. 31

\*Family Membership is for a couple and their children under 18 years old living at home

Name(s) or Business name \_\_\_\_\_

1<sup>st</sup> Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2<sup>nd</sup> Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Send all mail to address:** 1 \_\_\_ 2 \_\_\_ other \_\_\_\_\_

E-mail address \_\_\_\_\_

Circle Correct Answer: Yes/No I am willing to work on a committee below?

Committees: Finance, Legislative, Newsletter, Membership, Publicity, Weed Control (Circle one)

Associate Members:

Is business name EXACTLY as you would have it appear in the newsletter/Website? \_\_\_\_\_

Primary Contact \_\_\_\_\_

Description of Business for website \_\_\_\_\_

Web Address \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Additionally, I would like to donate \$10 \_\_\_ \$15 \_\_\_ \$25 \_\_\_ Other \_\_\_\_\_ \*

*\*All Donations are tax deductible*

Make Checks Payable to: **Friends of Istokpoga**

Mail to: P.O. Box 205, Lorida, FL 33857