ACLARA
MEMBERSHIP FORM

Lake Name _____

Lake Association Name _____

Mailing Address _____

_____

ACLARA Representative _____

Email Address _____

Telephone _____

Alternate Representative Name _____

Email Address _____

Telephone _____

Lake Association Treasurer _____

MAIL THIS FORM ALONG WITH
YOUR ANNUAL $25 DUES TO:

ACLARA

P. O. Box 22

Aitkin, MN 56431