



ICOLA Membership Form

Name _____

Check here if you were a member last year and all your contact information is the same

Mailing Address _____

City, State, Zip _____

Phone _____

Lake Address (if different) _____

City, State, Zip _____

I own ICOLA waterfront property I DO NOT own ICOLA waterfront property

Circle your Lake: Clear Lake / Chain Lake / Island Lake / McCann Lake

Newsletter delivery preference:

____ E-mail Newsletter (RECOMMENDED- also receive periodic important notifications)

E-Mail address _____

Additional E-mail address(es) _____

(Please Print)

____ U.S. Postal (Will use primary address above if USPS is selected)

I am interested in helping with: _____

YEARLY FAMILY MEMBERSHIP \$10.00

ADDITIONAL DONATION _____

Your canceled check will serve as your tax deductible receipt.

Check here if donating more than \$50 to request a receipt.

Please make checks payable to: **Island Chain of Lakes Association, Inc.**

Mail To:
John Kowalewski - Treasurer
30961 117th St
New Auburn, WI 54757

715-967-2109