

# DLMRA Annual Membership Dues

**\$20.00 per year for single member, family membership (couple or family residing at the same mailing address) or organization.**

*Please fill in your contact information below, print this form, and mail this portion of the form with your \$20.00 check payable to DLMRA.*

**Mail to:**

DLMRA  
c/o Treasurer Jaine Winters  
703 W. 3rd Ave  
Brodhead, WI 53520



----- cut here and mail in portion below with payment -----

**Name:**

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**Address:**

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**Email:**

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**Phone:**

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**Areas of Interest / Involvement (check as interested):**

Lake Improvement

Public Relations

Fundraising / Finance

Water Quality / Watershed

Social Committee

Cleanup Crew

To help the DLMRA, I am offering my skill / expertise in

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