



MEMBERSHIP

Date _____

**Required information*

area association

* _____
Name

* _____
Additional Members Names

Permanent Residence Address

* _____ * _____ * _____ * _____
Address City State Zipcode

* _____
Primary Phone Number

* _____
Email Address

Clearwater Lake Address, if different than above

* _____ * _____ * _____ * _____
Address City State Zipcode

* _____
Primary Phone Number

Communication Preference:

Email _____ Postal Mail _____

CLAA agrees not to use or disclose any of the above information to any person or third party other than for Association Communication.

_____ \$25 Annual Dues (September 1 through August 31)
(one vote per \$25 annual due for individual or family)

_____ I wish to donate an amount beyond the minimum
CLAA dues of \$25

\$ _____ Additional Amount

In honor of _____
(name)

In memory of _____
(name)

Mail completed membership form along with dues to:

Bill Johnson
785 Clearbrook Lane
Vadnais Heights, MN 55127-3512

Make checks payable to
Clearwater Lake Area Association

Our mission:
The Clearwater Lake Area Association shall improve and maintain the environment and quality of life through education, awareness, and responsibility of our community, for ours and future generations.

CLAA is a non-profit 501 (c) (3) organization.
Membership dues and all donations are tax deductible.
EIN 41-1936608