

Blackwater Lake Association Inc.

Membership Form

Please Print

NAME _____ SPOUSE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

e-mail _____

HOME PHONE (_____) _____ CELL (_____) _____

LAKE ADDRESS if not permanent residence

STREET _____ CITY _____

STATE _____ ZIP _____ - _____ PHONE (_____) _____

Please save the postage and send the Blackwater Blurb to my email

Willingness to get involved: High _____ Medium _____ Low _____

Particular Interests and Concerns _____

Please send completed form along with your check for \$30.00 to
Blackwater Lake Association Inc. Treasurer
Linda Burns
6015 11th Ave. S.
Minneapolis MN 55417

Dues are for the Fiscal Year of July 1 to June 30