

2021 JOIN/RENEW MEMBERSHIP APPLICATION FORM

NOTE: Member DUES cover one calendar year, from Jan 1 through Dec 31.

PLEASE FILL OUT AS YOU WISH TO BE LISTED IN THE ALLIANCE DIRECTORY

NAME(S) _____

EMAIL(S) _____

DIRECTORY ADDRESS _____

DIRECTORY CITY _____ **STATE** ____ **ZIP** _____

MAILING ADDRESS (If different than your Directory Address)

_____ **CITY** _____ **ST** ____ **ZIP** _____

MOBILE PHONE(S) _____

BEST CONTACT METHOD: MOBILE, EMAIL, POSTAL MAIL

ANNUAL DUES (COUPLE/SINGLE): \$60.00

Please make check payable and mail to :

**Manitowish Waters Alliance Foundation
P.O. Box 4
Manitowish Waters, WI 54545-0004**

