

(Detach along dotted line)

## 2020 JOIN/RENEWAL MEMBERSHIP APPLICATION FORM

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

NAME(S) \_\_\_\_\_

EMAIL(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE(S) \_\_\_\_\_

BEST CONTACT METHOD: CELL , EMAIL , POSTAL MAIL (Circle one)

**ANNUAL DUES (COUPLE/SINGLE): \$60.00**

Please make check payable, and mail to:

Manitowish Waters Alliance, Ltd.  
P.O. Box 4  
Manitowish Waters, WI 54545

