



## ICOLA Membership Form

(please print)

**Name** \_\_\_\_\_

Check here if you were a member last year and all your contact information is the same

**Mailing Address** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

(if different)

**Lake Address** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

I own ICOLA waterfront property  I DO NOT own ICOLA waterfront property

**Circle your Lake:** Clear Lake / Chain Lake / Island Lake / McCann Lake

**1st  
E-Mail** \_\_\_\_\_

**2nd (opt)  
E-Mail** \_\_\_\_\_

**Newsletter Delivery Preference** (select Option 1 or 2)

1.  E-Mail Newsletter (RECOMMENDED - also receive periodic important notifications)
2.  U.S. Postal (will use mailing address above)

**I am interested in helping with** (Circle all that apply)

Walleye

Shoreline  
Restoration

Brat Feed

Invasive  
Species

Adopt-  
A-Highway

Other

**YEARLY FAMILY MEMBERSHIP \$20**

**Additional DONATION \$** \_\_\_\_\_

Your canceled check will serve as your tax deductible receipt

Check here if donating more than \$50 to request a receipt

Please make checks payable to: **Island Chain of Lakes Association, Inc**

John Kowalewski - Treasurer

30961 117th St

New Auburn, WI 54757

715-967-2109