

**FOREST COUNTY ASSOCIATION OF LAKES, INC.
MEMBERSHIP APPLICATION**

NAME(S): _____ **PHONE** _____

MAILING ADDRESS _____

LAKE/RIVER _____ **LAKE ORG.** _____

SUMMER ADDRESS _____

WHEN _____

TYPE OF MEMBERSHIP (Check appropriate membership box)

- Organizational (\$25/yr.)** **Individual/Families (\$15/yr.)** **Friends (\$50/yr.)**

Make checks payable to: **FCAL, Inc.**

Return application and check to: **Treasurer, FCAL, Inc.**

P.O. Box 68

Pickerel, WI 54465

Visit Forest County Association of Lakes: www.fcal-wi.org/FCAL.htm#I