

Membership Form (Please check your membership status on your mailing address label)

Please complete the form and return it with a check for \$20.00 payable to “McKenzie lakes Association” Send to: Jeff Larson, 3440 Federal Drive, Suite 250, Eagan, 55122

Check Here if any of information is new _____ Date _____

Name: _____

Mailing Address: Street: _____ City, State, Zip _____

Lake Address: Street: _____

Phone: Lake: _____ Home: _____ Mobil: _____

Email: _____ Newsletter: By email? Yes __ No __ By US Mail Yes __ No __

Enclosed membership dues for _____ One year, _____ Two years, _____ Three years, _____ Other

Amount Enclosed: \$ _____ Dues \$ _____ Donation