



Member Information

First Name(s) _____ Last Name _____

Company Name _____

Mailing Address _____

City _____ State/Zip _____

Primary Phone _____ Alternate Phone _____

Email _____

Lake Address (if different than your mailing address) _____

City _____ State/Zip _____

Lake Name _____ Location on Lake (side, bay, etc.) _____

Invited to join by (if applicable) _____

Gull Chain of Lakes Association Dues (January 1 to December 31) \$50.00

Additional Donation

\$_____ Aquatic Invasive Species Fund \$_____ Endowment Fund \$_____ Buoy Fund \$_____ Board Discretion

Please keep my additional donation(s) anonymous

Total Payment \$ _____

Check enclosed

Please bill my Credit Card (Visa, Mastercard, American Express and Discover)

Expiration Date _____ Card Number. _____ Amount \$ _____

Signature _____

Please contact me via email regarding the following volunteer opportunities:

- AIS Communications Gala Lake Steward Program Government Relations Loon Programs
 Water Testing Youth Boat Safety Class

Thank you for being a member. Please mail to: Gull Chain of Lakes Association, PO Box 102, Nisswa, MN 56468

The Gull Chain of Lakes Association does not sell, trade, swap or in any other way use your data except for official GCOLA use. Gull Chain of Lakes Association is a 501(c)(3) corporation, Federal Tax ID #41-1272492.