

Turtle Lake

Improvement and Protective Association

Membership Application

Turtle Lake Address: _____

*One application per household

Member Name 1: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Member Name 2: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Member Name 3: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

*Each paid member is entitled to vote

Please make your check payable to:

Turtle Lake Improvement and Protective Assn

Mail to:

TLIPA

P.O. Box 85

Delavan, WI 53115

Total Membership: \$35/person* _____

Additional donation - 501C3 _____

