



Moose Lake Improvement Association Membership Form

Name _____

Spouse _____

Home:

Street Address _____

City/State/Zip _____

Home Phone _____

Cell Phone(s) _____

Email(s) _____

Lake:

Street Address _____

City/State/Zip _____

Lake Phone _____

Please complete the above and send a check for \$25 to:

Moose Lake Improvement Association
PO Box 147
Hayward, WI 54843

Dues are per fiscal year July 1 to June 30