Crestline Walton Lake Company 2026 New Social Membership Application

Please <u>print</u>, <u>complete</u> and <u>mail with payment*</u> to Walton Lake Co., PO Box 265, Crestline OH 44827.

First name (s)	and		
Last name:			
Address:			
City:	·	State:	Zip:
Email:		Phone:	
List dependent children living at home: *NOTE: Any child married -OR- age 22 y Name: Name: Name: I am babysitting and purchasing a mem Name: Name:	: vears and older	must have their o Age: Age: Age:	own membership.
Seasonal Membership Fees: *Note that	t payment may	also be submitt	ed using the QR code below.
Individual adult - no children Individual adult - with children as defined Couple - no children Couple - with children - as defined in A-001 Senior Citizen (62 yrs min) Childcare provider adding children in their recare and under age 14 By signing this application, I agree to all Company. Membership is limited to me forfeit their membership and shall be be Company. Signed:	tin A-001 \$2. \$2. \$1. \$2. \$2. \$2. \$3. \$3. \$4. \$5. \$5. \$6. \$6. \$6. \$6. \$6. \$6. \$6. \$6. \$6. \$6	standing. Anyor privileges of the	ne violating the rules will Crestline Walton Lake
For Walton Lake use only:			
Date Paid: Am	ount:	c	Check #
Membership #:			