

2026

Two Lick Lake Recreation Association

PO Box 176

Marion Center, PA 15759

Membership Registration

ALL AREAS OF THIS FORM MUST BE COMPLETED BEFORE MEMBERSHIP WILL BE GRANTED OR RENEWED

Member Information

Check one of the following: ☐ Existing Member ☐ New Member ☐ HCR Employee/Retiree (No Co-ownerships)

Water Craft Owner (Include Spouse if applicable): _____

Co-Owner, other than spouse & the same as indicated on the Initial Registration: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email Address: _____

Landline #: _____

I have read and understand the information included in the TLLRA Rules & Regulations and Bylaws: ☐

Water Craft Information

Water Craft Registration Number (PA Hull Number): _____

Primary Color: _____

Trim Color: _____

Water Craft Manufacturer: _____

Water Craft Length: _____ ft.

Horsepower: _____ (greater than 30 HP)

Engine Type

☐ I/O

☐ Outboard

☐ Inboard

☐ Jet Ski

☐ Jet Boat

Hull Type

☐ Cuddy

☐ Pontoon

☐ Fisher

☐ Bowrider

☐ Other

Vehicle and Trailer

Primary Tow Vehicle Plate #: _____

Trailer Plate #: _____

Primary Tow Vehicle Make: _____

Trailer Manufacturer: _____

Insurance

Water Craft Insurance Carrier: _____

Liability \$: _____

Policy Number: _____

Bodily Injury \$: _____

Expiration Date: _____

Property \$: _____

Please notify your insurance carrier that they must have TLLRA as additional insured on the insurance policy.

NOTE! Must attach current Insurance form indicating TLLRA as "Additional Insured". If not available from the Insurer, must provide a copy of the "Certificate Holder" or "Additional Interest" Form.

The undersigned represents that the facts in this Registration Form are true and complete and that any changes will be reported to the Association in writing. The undersigned further states that they have received, read, and will comply with all of the Rules and Regulation as set forth by the Association.

Signature(s)

Owner (only one signature required): _____ Date: _____

Co-Owner (same individual as on the Initial Application): _____ Date: _____

Amount Paid \$: _____ (\$650 per membership)

Official Use Only!

Key Number: _____

Valid Date: _____

Full Compliance: ☐

Revised: 12/20/25

Mail a completed copy of this form to the TLLRA with your dues and insurance information.