



Rock Dam Lake Association Membership Form

Member Information (Per Household)

First
Names(s) _____

Last Name _____

Cell Phone _____ Alt. Phone _____

Email _____

Address _____

Other information that you would like us to know:

Membership dues are \$20 annually per household

Please make check payable to Rock Dam Lake Association and mail form and check to:

RDLA

PO Box 24

Willard, WI 54493

Please subscribe to our webpage at www.rockdamlakeassociation.com to receive newsletters and other important notices.