



Annual Dues Statement for 2024

Section _____
 Name _____
 Permanent Addr _____
 City State _____

\$25 2024 Membership Dues

Supports general operation of the Association & provides funding for water quality and lake area improvements

_____ **Non-Tax Deductible Donation:**

Provides funding for more extensive lake water quality projects as approved by the Board

_____ **Total of check payable to OMLCIA**

*for membership year May 1, 2024 - April 30, 2024
 Due on May 1, 2024*

Please remit check to: OMLCIA, Inc. and insert with this invoice in the enclosed envelope.

**Mike Renno, Treasurer, OMLCIA
 9527 Sea View Cove
 Fort Wayne, IN 46835**

<p>ONLY include additions or changes to your membership information below. Please be sure your information is correct as it will be used in the next directory:</p> <p>Name(s) _____ _____</p> <p>Permanent Mailing Address _____ _____ _____</p> <p>Phone _____</p>	<p>Section/Lot Number(s) _____</p> <p>Lake Address _____ _____ _____</p> <p>Lake Phone _____</p> <p>Email #1: _____</p> <p>Email #2 _____</p>
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Additional Comments:
