

**Pioneer Lake Association
ANNUAL MEMBERSHIP**

Name(s) _____

Annual Membership for ending August 31, _____.

Your membership of due of **\$25** supports the care of our lake.

Checks payable to Pioneer Lake Association

If desired a contribution of \$ _____ in addition to your membership may be included with your annual membership payment.

Check here if both your home address and lake address are the same.

Lake Address:

Number/street _____

City _____

State _____ ZIP _____

Winter Address:

Number/street _____

City _____

State _____ ZIP _____

Email _____

Preferred Phone (_____) _____

Mailing address: P.O. Box 143, Conover, WI 54519-0143