



# LONG LAKE WATERS ASSOCIATION

P.O. Box 195 Long Lake, MN 55356

## 20 \_\_\_\_ WATERSHED MEMBERSHIP FORM

New                       Renewal                       Contribution Only

To join the watershed membership, receive the newsletter and have the opportunity to join with others who use and care about the seven lakes, connecting wetlands and waterways in the Long Lake Watershed, please complete this form and return with your check to the above address.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Comments : \_\_\_\_\_

Annual LLWA Membership Dues \$25.00                      \$ \_\_\_\_\_

Additional donation to support LLWA's mission to promote education, improved water quality and environmental stewardship throughout the Long Lake Watershed.                      \$ \_\_\_\_\_

Total Enclosed:                      \$ \_\_\_\_\_

LLWA is a 501 (c) (3) organization and all donations are tax deductible  
Checks should be made payable to Long Lake Waters Association

I would like learn more about the following Watershed Projects:

- |  |   |
|--|---|
| <input type="checkbox"/> Carp Tagging and Mitigation | <input type="checkbox"/> AIS and Water Monitoring |
| <input type="checkbox"/> Grant Writing               | <input type="checkbox"/> Fundraising              |
| <input type="checkbox"/> Shoreline Restoration       | <input type="checkbox"/> Social Committee         |
| <input type="checkbox"/> Legislative Affairs         | <input type="checkbox"/> Community Education      |
| <input type="checkbox"/> Master Water Stewards       | <input type="checkbox"/> Other _____              |

I would like my name placed on the ballot for a Board of Directors position.

*Thanks for becoming a member of Long Lake Waters Association! For more information please see our website.  
We will not sell or share your email address or any other personal information.*