



Application for Membership
(Please Print)

Last Name: _____ First Name: _____ M/Initial: _____

Date of Birth: _____ Telephone: _____

Home Address

Street: _____ City: _____ State: ___ Zip: _____

Occupation: _____ Cell Telephone: _____

Email: _____

Indian Lake Address (if not same as above): _____

Phone: _____

Spouse

First Name: _____ M/Initial: _____ Date of Birth: _____

Occupation: _____ Cell Telephone: _____

Email: _____

Children

First Name: _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Membership Types (Please Check One)

Certificate:

Family ___ Family One ___ Single ___ Non-Resident ___ Social Family ___

Social Single ___ Corporate ___ Corporate 4 ___

Non-Certificate:

Family ___ Family One ___ Single ___ Non-Resident ___ Social Family ___

Social Single ___ Corporate ___ Corporate 4 ___

I certify that all of the information submitted above is correct to the best of my knowledge, and that I will fully abide by the payment agreement.

Signature (Name in full)

Date