

KABEKONA LAKE ASSOCIATION MEMBERSHIP FORM

Household Member #1 Name _____

Email address _____

Cell Phone _____

Household Member #2 Name _____

Email address _____

Cell Phone _____

Kabekona Address _____

Kabekona Land Line (if applicable): _____

Preferred Mailing Address (If not a full-time Kabekona resident)

Home Land Line (if applicable) _____

What is your preferred method of phone contact? ___ Cell ___ Landline

Do we have your permission to print the above information in the KLA directory distributed via hard copy? ___ Yes ___ No

Do we have your permission to provide the above information in the KLA directory distributed electronically either online or via email? ___ Yes ___ No

Are you interested in getting involved with KLA activities/projects?: ___ Yes ___ No

Areas of interest (i.e., annual meeting, picnic, board, etc.): _____

MEMBERSHIP LENGTH:

_____ 1 Year for \$25.00

_____ 2 Years for \$50.00

Please make your **TAX DEDUCTIBLE** check payable to:
Kabekona Lake Association
P.O. Box 8
Laporte, MN 56461