

**Long Lake Association, Inc.**  
Long Lake & Green Lake Townships, Grand Traverse County, Michigan  
**P.O. Box 257, Interlochen, MI 49643-0257**

2024 Annual Membership Statement

(Make checks payable to Long Lake Association)

**SUPPORTER LEVELS**

- |  |       |                                   |
|--|-------|-----------------------------------|
| <input type="checkbox"/> Basic Membership Dues: \$45.00      | \$    |                                   |
|  | _____ |                                   |
| <input type="checkbox"/> Centurion Membership Dues: \$145.00 | \$    | Centurion Membership = 1 free hat |
|  | _____ |                                   |
| <input type="checkbox"/> Guardian Membership Dues: \$245.00  | \$    | Guardian Membership = 2 free hats |
|  | _____ |                                   |

**OPTIONAL ITEMS**

- |  |           |  |
|--|-----------|--|
| <input type="checkbox"/> Riparian Magazine Subscription: \$14.00 | \$        |  |
|  | _____     |  |
| <input type="checkbox"/> Additional Donation (Optional)          | \$        |  |
|  | _____     |  |
| <br>Total Amount Enclosed  | <br>\$    |  |
|  | <br>_____ |  |

**LIMITED EDITION BASEBALL CAP**



**DISPLAY YOUR LLA SUPPORT**

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**PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY**

**Name:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Lake Area Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(Email allows us to communicate with you more cost-efficiently regarding Long Lake Association (LLA) issues. LLA will not share your email address with third parties. Thank you for helping us to keep you informed by providing your email.)

\_\_\_\_\_ I wish to remain anonymous. Please do not include my name in the LLA membership directory on the LLA Website.

\_\_\_\_\_ I/We would like to volunteer for LLA. Please call me at (include area code): \_\_\_\_\_