

CARIBOU LAKE ASSOCIATION MEMBERSHIP FORM

Last name:

First name:

Mailing address:

City:

State:

Zip:

Lutsen address:

City:

State:

Zip:

Phone numbers:

Primary home:

Lutsen home:

Work:

Fax:

E-mail

Second e-mail:

I wish to join CLPOA Yes No Current Member

(Include \$20 Annual Dues)

Paid Dues already

I wish to join Crime Watch: Yes No

Purchase Crime Watch Sign Yes No

(Include \$10 per sign)

Check Payable to CLPOA

CLPOA use only

Date:

Amount paid:

Check

Cash