

RALALA MEMBERSHIP FORM

Name _____

Email Address _____ Send newsletters and other communications via e-mail Yes No

Mailing Address _____

City/State _____ Zip _____ Phone # _____

Lake Address _____ Lake Phone # _____

Annual Membership Dues	\$25.00
Voluntary Environmental Quality Initiative Donation	_____
Voluntary Milfoil Treatment Donation	_____
Voluntary First Responders Donation	_____
Voluntary Donation to Outing Chamber Fireworks Fund	_____
TOTAL ENCLOSED	\$ _____

All dues and additional donations are tax deductible

MAIL YOUR CHECK AND THIS FORM TO RALALA, P.O.BOX 139, OUTING, MN 56662-0139