

LCWA MEMBERSHIP FORM

Name: _____

Email: _____

Summer Mailing Address:

Phone: _____

Winter Mailing Address (if different-indicate what months):

Phone: _____

Cottage Name: _____

Individual Membership (\$30) Family Membership (\$40)

Please mail with your check to:

Lake Carey Welfare Association—Memberships, P O Box 637, Tunkhannock, PA 18657