



MEMBERSHIP APPLICATION

NAME/S: _____

ADDRESS: _____

PHONE/S: _____

PRINT EMAIL/S: _____

VILLAGE ID: # _____ GUEST: _____

DATE WAIVERS SIGNED: _____ WITNESSED BY: _____

DUES PAID: \$ _____ CASH or CHECK # _____

LWAC MEMBERSHIP CARD ISSUED ON _____

ALL MEMBERSHIPS EXPIRE AT THE END OF NEXT APRIL