

Island Association Membership Form

Membership for year: _____ Renewal New Member

Name(s): _____

Email: _____ La Pointe P.O. Box: _____

Winter/Regular Address, if different _____

Membership Levels

- \$ 30.00 Single
- \$50.00 Family
- \$100.00 Donor
- \$ _____ Other

You may also choose to make an additional donation to our designated funds.

\$ _____ Scholarship Fund \$ _____ EMT Fund

Total Funds Enclosed \$ _____

Thank you!

All Donations are Tax Deductible.

Return to: Island Association P.O. Box 152, La Pointe, WI 54850