

Harwood Lake Association (HLA)

Membership Application

Date: _____

Name (Primary Member): _____

Spouse's Name: _____

Lake Address: _____

City: _____ State: __MI__ Zip: _____

Mailing Address: _____ Same as above

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ (_____) _____
Primary Member Spouse

Email: _____
Primary Member

Spouse

MEMBERSHIP FEE: _____ \$25

Please mail this form & check to:
Harwood Lake Association
PO Box 111
Jones, MI 49061

Please make check payable to:

(do not send cash)