

# MEMBERSHIP for 20\_\_\_\_

Member Name(s): \_\_\_\_\_

Lake address: \_\_\_\_\_ Paw Paw, MI 49079

Lake Home Phone Number: \_\_\_\_\_

Home (Mailing) Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (optional): (\_\_\_\_) \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Membership dues are \$20 per family  
Make check or money order payable to: Three Mile Lake Corporation  
Mail to:  
Three Mile Lake Corporation  
PO Box 482  
Paw Paw, MI 49079