

MEMBERSHIP RENEWAL FORM

INDIAN LAKE WATERSHED PROJECT

First & Last Name: _____

Mailing Address: _____ City, State, Zip: _____

Email Address: _____

Phone Number: _____

- Membership - \$15.00
 - Dredge Planning _____
 - Erosion Survey _____
 - Water QWuality Monitoring _____
 - Scholarship Fund _____
 - General Donation _____
- Total: _____

TO PAY BY CHECK:

PLEASE FILL OUT THE
PAYMENT BOX TO THE LEFT
AND MAIL IN CHECK.

MAKE CHECKS PAYABLE TO:

Indian Lake Watershed Project

MAIL TO:

324 County Road 11
Bellefontaine, Ohio 43311