

# Little Fish Lake Association (LFLA)

## 2020-21 Membership Application

(July 1, 2020 – June 30, 2021)

**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

**Communication Preference:** \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail

**FEE:** \$25

Please mail this form & check to:  
Little Fish Lake Association  
PO Box 270  
Cassopolis, MI 49031

Please make check payable to Little Fish Lake Association  
(do not send cash)  
Questions? Email us at:  
littlefishlakeassociation@gmail.com