



Les Cheneaux Islands Association Annual Statement of Membership Dues

Due Date: Upon Receipt

Mail To: LCIA - 1158 S. Park Ave., Cedarville, MI 49719

(questions call 906-484-2558 or email: lcia@cedarville.net)

Membership Dues July 1, 2017 - June 30, 2018

Inspection Membership

Location/Address	Dues
Island Residence _____	\$110.00 _____
Island Boathouse _____	\$30.00 _____
Island Guest Cottage(s) _____	\$30.00 ea. _____
Mainland Residence _____	\$110.00 _____
Mainland Boathouse _____	\$30.00 _____
Mainland Guest Cottage(s) _____	\$30.00 ea. _____
Mainland Garage _____	\$30.00 _____

Non-Inspection Memberships

<input type="checkbox"/> Commercial Membership	\$55.00 _____
<input type="checkbox"/> Supporting Membership	\$55.00 _____
<input type="checkbox"/> Associate Membership	\$10.00 _____

The above memberships include all LCIA mailings and newsletters.

Supporting and Commercial Memberships are for those who do not require property inspections but want to support the LCIA and its projects.

An Associate Membership is for additional family members or co-owners who would like to receive LCIA information, mailings, newsletters, etc.

Additional Donation

\$ _____

Donations are appreciated and used for various projects such as:

- Navigational Buoys
- Youth Boating Safety Classes
- Water Quality Issues

Total Dues & Donation

\$

***Please fill out name & address information on reverse side.**

Thank you for being a member of the Les Cheneaux Islands Association!!

Inspection Membership - Owner (Primary Contact):

Last Name First Name Spouse

Winter Mailing: Street Address

City / State / Zip code Phone

Summer Mailing: Street Address

City / State / Zip code Phone

E-mail

Local Caretaker and/or Alternate Contact

Co-Owner / Associate Membership:

(Include \$10.00 additional dues for each Associate Membership)

Last Name First Name Spouse

Winter Mailing: Street Address

City / State / Zip code Phone

Summer Mailing: Street Address

City / State / Zip code Phone

E-mail

Commercial Membership:

Business Name

Owner / Primary Contact Spouse

Mailing Address

City / State / Zip code

Phone

E-mail

Supporting Membership:

Last Name First Name Spouse

Winter Mailing: Street Address

City / State / Zip code Phone

Summer Mailing: Street Address

City / State / Zip code Phone

E-mail

Interested In Volunteering? Yes _____ No _____

Comments:

