



## Les Cheneaux Islands Association Annual Statement of Membership Dues

Due Date: July 1, 2016

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

(questions call 906-484-2558 or email: [lcia@lescheneaux.com](mailto:lcia@lescheneaux.com))

### Membership Dues July 1, 2016 - June 30, 2017

#### 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:
_____
_____