

LumberJack Memorial Trails – Membership Application

Dues Are \$25 for Single or Family Membership

Name #1:	
Name #2:	
Street Address:	
City:	
State:	
Zip Code:	
E-Mail Address:	

Membership Type:	New: <input type="checkbox"/> Renewal: <input type="checkbox"/>
Do You Currently Belong to Another Club?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Name of Club:
Comments or Questions:	

Please complete this form and mail to:
LMT, Inc. PO Box 7, Wabeno, WI 54566
Make checks payable to LMT, Inc.

Form Updated: August 27, 2016