

2017

Lakeview Festival Committee

Membership Form

Date _____ Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email address _____

Membership dues run from May to April.

Amount Due: \$12.00

Amount Paid: _____ Cash Check # _____

Please check here if you DO NOT want your name listed on the website as a member.

www.lakeviewfestivals.com