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# CLAM LAKE COMMUNITY CLUB, INC.

P.O. Box 6, Clam Lake, WI 54517

## 202~~1~~ Membership Due

R  
E  
M  
I  
N  
D  
E  
R

Adult ..... \$10.00

Family ..... \$25.00

**FIREWORKS** ..... \$ \_\_\_\_\_

Donation ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

R  
E  
M  
I  
N  
D  
E  
R

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Please complete and mail to the return address above.