LAKE JACKSONVILLE ASSOCIATION, INC.

NEW MEMBER APPLICATION OR RENEWAL

Your Check # _____

Name _____Phone _____

Email _____

2nd Email_____

Mailing Addr. _____

City, State, Zip_____

Lake Address (911 Address)_____

Annual Membership Fee: $ 20.00 ____I am available/willing to serve my LJA.

Voluntary Contributions:

Fourth of July Fireworks: $_____(Lake fireworks show by LJA)

Earles Chapel Vol Fire Dept: $_____(Our 1st responder)

Total Enclosed: $_____

Mail application and check to:

Lake Jacksonville Assn., Inc.
PO Box 33
Jacksonville, TX 75766

Help us with your Comments/Suggestions:

_____
_____

THANK YOU FOR SUPPORTING YOUR LAKE ASSOCIATION

Rev: 11/25/11