



**NEW MEMBER APPLICATION OR RENEWAL**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

2nd Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Lake Address (911 Address) \_\_\_\_\_

Annual Membership Fee:   \$ 20.00       (mark thru if donating only)

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

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

County Roads Rescue:       \$ \_\_\_\_\_ (Helps with stray animals)

**Total Enclosed:**           \$ \_\_\_\_\_

Your Check # \_\_\_\_\_

Mail application and check to:

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