

Indian Lake Estates, Inc.

Membership Application

() *I am applying for Membership*

PLEASE PRINT OR TYPE:

Name: _____ Phone: _____

Street Address: _____ PO Box # _____

City: _____ State: _____ ZIP _____

Number of months I live in Indian Lake Estates each year = _____

(Minimum of 3 months required for Membership)

Block No. _____ Lot No. _____

WARNING: Giving false information on this Application will be cause for immediate termination of Membership.

Signature: _____ Date: _____