

MEMBERSHIP APPLICATION - \$10.00 PER FAMILY

Name: _____

Home Address: _____

(postal code) _____

Home Phone: _____ Lake Phone: _____

Name of Subdivision: _____

E-mail Address: _____

Please write check out to:

Mail to:

**L.E.P.A.
Site 1 Box 14 RR 1
Gunn, AB T0E 1A0**