

Membership Form

Information will be used in the SLA phone directory

Home Address /phone	Lake Address/phone	Alternate Address/phone

E-Mail: _____

Sugar Lake Association Annual Membership Dues \$50.00

Additional Donations

Buy an Acre \$270.00 X Number of Acres () = _____
(Goes to Milfoil & Invasive Species Fund)

Other Donations:

General Fund _____

Lake Improvement Fund _____

Milfoil & Invasive Species Fund _____

Total (sum of Donations) \$ _____

Thank you for your Continued Support

Please return form with your check (payable to Sugar Lake Association)

To Craig Johnson 3312 West 132nd Street Burnsville, MN 55337-1827

If you have questions you can call Craig at 952-894-3593

Another way to give is to volunteer your time. If you are willing to volunteer a few hours of your time to, please check the appropriate blank. Our new volunteer coordinator, Cheryl Delbow, will be contacting you. If you have other ideas for volunteering please call Cheryl (320-963-3997) and let her know.

Note: Sugar Lake Association is a 501C3 non profit organization and your gift is tax deductible.

I am willing to help with the following:

- | | |
|---|--|
| <input type="checkbox"/> placing and removing buoys | <input type="checkbox"/> shoreline plantings |
| <input type="checkbox"/> milfoil treatment | <input type="checkbox"/> annual picnic |
| <input type="checkbox"/> curly leaf pondweed harvesting | <input type="checkbox"/> south access milfoil patrol on holiday weekends |
| <input type="checkbox"/> water treatment sign placement | <input type="checkbox"/> serve on the SLA Board of Directors |

Dear Sugar Lake Property owner:

Our Vegetation Committee is planning to treat aquatic invasive species again this year. Our treatment areas are not defined, but our management plan calls for quickly treating the invasive species infestation as soon as we make positive identification. In order to be able to respond quickly, we would like to get advanced permission from all Sugar Lake property owners to treat invasive species in front of their property. You will be notified before the treatment, and all treatment will be approved by the DNR and in accordance with our lake management plan.

Printed name _____ Lakeshore Footage _____

Signature _____ Date Signed _____