

## 2022-2023 Membership Form

Membership year is from July 1 to June 30

Organization / Individual Name:		
Note: If joining SC COLA a	as an Individual or orgai	nization, include your information as "Primary Contact."
Primary Contact/	Delegate #1	Delegate #2
Name:		Name:
Address:		Address:
City, State, Zip:		City, State, Zip:
Phone:		Phone:
Email:		Email:
Name: Address: City, State, Zip: Phone: Email:		
Select your 2022-2023		
Lake Organiza \$100 per year f	ation (Voting Member or July 1 to June 30 ssociate Member statu	ollar amount on the corresponding line.  status)  us, no voting privileges)
Non-profit ( <i>Oi</i>	or July 1 to June 30	status, no voting privileges)  Dounty COLA

Send completed Form and Payment to: Sherburne County COLA c/o Sherburne County SWCD 425 Jackson Ave. NW

425 Jackson Ave. NW Elk River, MN 55330