



2024-2025 Membership Form

Membership year is from July 1 to June 30

Organization / Individual Name: _____

Estimated number of organization members: _____

2024-2025 Delegates & Alternate: Delegates are spokespersons for their organization and are expected to attend SC COLA meetings (no more than monthly) and participate in SC COLA work groups. An alternate (optional appointment) may be declared to take the voting place of a Delegate in the event of their absence. Alternates are encouraged to attend meetings and keep up-to-date on activities.

Note: If joining SC COLA as an Individual or organization, include your information as "Primary Contact."

Primary Contact/Delegate #1

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Delegate #2

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Alternate Delegate

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Communications Contact (for directory)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Select your 2024-2025 Member Status and Dues Amount:

1) Determine your member status, 2) Write the dollar amount on the corresponding line.

_____ **Lake Organization (Voting Member status)**
\$100 per year for July 1 to June 30

_____ **Individual (Associate Member status, no voting privileges)**
\$20 per year for July 1 to June 30

_____ **Non-profit (Organizational Member status, no voting privileges)**
\$100 per year for July 1 to June 30

Checks may be made payable to: Sherburne County COLA

Send completed Form and Payment to: Sherburne County COLA
c/o Sherburne County SWCD
425 Jackson Ave. NW
Elk River, MN 55330