

We invite you to join our efforts for our lakes
Highlands County Lakes Association,
PO Box 1025 - Lake Placid, Florida 33862-1025
(863) 465-7855
Membership Application
Please Print

Date: _____

Name: _____
Last First Initial

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

What body of water do you live on or have an interest in? _____

Would you consider helping as a Board Member or Committee Member on the
Highlands County Lakes Association? _____

\$ 18.00 per year for Single Membership
\$ 25.00 per year for Associate Membership
\$ 25.00 per year full Family Membership

Please mail your completed application and check to:

Highlands County Lakes Association
PO Box 1025
Lake Placid, Florida 33862-1025
Attn: Membership Committee

All Memberships Renew January 1