

Cloverleaf Lakes Fireworks Inc.

Membership Form From July 2024 through the Annual Meeting 2025

Name _____

Address _____

Phone _____

Home Address (if different) _____

E-mail Address _____

Donation (in addition to \$50.00 dues): _____

We would like to add your name and contact info to our membership roster.

If you **do not** want your information listed. Please initial here _____

Please print out this form and send it with a check of \$50.00 to:

Cloverleaf Lakes Fireworks Inc. / PO Box 275 / Embarrass, WI 54933

You will receive an acknowledgement of membership receipt shortly.

Members will be invited to the annual meeting in July.

Thank You for your support!