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**ILMA  
Membership  
Form**



Illinois  
Lake  
Management  
Association

**Please return with payment to:**  
ILMA  
P.O. Box 20655  
Springfield, IL 62708

**Name:** \_\_\_\_\_  
*First and Last [middle optional]*

**Organization:** \_\_\_\_\_

**Mailing Address:** *Street:* \_\_\_\_\_  
*City:* \_\_\_\_\_ *State:* \_\_\_\_\_  
*Zipcode:* \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Annual Membership Dues:**

- Student (\$10)
- Individual (\$20)
- Family (\$25)
- Public / Non-Profit (\$50)
- Corporate (\$75)
- Sustaining (\$100)

***Thanks for your support!***