



Lake Communicators

Membership Application

Name: _____

Company: _____

Title: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Fax (optional): _____

Email: _____

Website (optional): _____

Description of Product/Service:

Years in Business (optional): _____

Number of Employees: _____

Reason for joining Lake Communicators (optional):

Please send completed application to shirley@shirleywolfe.com or fax 1-888-846-4964