

**Lake Isabella – 2019
East Fultonham, OH
740-849-2466**

Dear Member,

At the annual meeting of the stockholders, held September 16, 2018, three trustees were elected to fill the terms completed.

OFFICERS AND TRUSTEES

President	Rusty Stires	740-849-2466		TRUSTEES:
Vice President	Terry Shaw		Don Yarger	Sheila Wolfinger
Treasurer	Lew Sidwell	740-453-5025	Bobbie Shaw	Debbie Mahle
Secretary	Darlene Baker	740-454-0791	Connie Adkins	Paul Slack
Caretaker	Kevin/Mandy Samson	740-849-2466	Rick Foraker	

One week instruction periods for swimming will be offered in June and July. Registration forms are available at the gate opening day, until classes are filled. A \$50.00 fee per person will be charged.

Dues for 2019 are as follows:	Discount Dues paid before May 31, 2019	Dues after May 31, 2019
Stockholders	\$85.00	\$95.00
Single (non-married, no dependents)	90.00	100.00
Family	130.00	140.00
Senior Citizen (60 or older) Single	75.00	85.00
Senior Citizen (60 or older) Family	100.00	110.00
Active Military (Single).....	75.00.....	85.00
Active Military (Family).....	100.00.....	110.00

Please send age verification along with senior citizen dues – if new senior memberships.

***ALL MEMBERSHIPS PURCHASED AFTER MAY 1ST WILL BE AVAILABLE FOR PICK-UP AT GATE.
THEY WILL NOT BE RETURNED TO YOU BY MAIL. PLEASE ALLOW TIME FOR PROCESSING.***

Dependents of Lake Members reaching the age of 18, must obtain a pass. **Exception: Full time students, age 18-22, with a valid student I.D.** can be kept on your pass. **Common law marriages** are not recognized. Grandparents must have **legal custody** to include grandchildren on their pass. If you have custody, please send a copy of the court document. Foster children are permitted with court documentation.

Dues should be paid by mail. Checks or money orders made payable to *Lake Isabella* and mailed to:
Lake Isabella - P.O. Box 56 - East Fultonham, OH 43735-0056
Primitive camping is available. Please talk to caretaker

Please read rule sheet for any changes.

Thank You,
Lake Isabella

Visit our website at: lake-isabella.org

Detach and return with your remittance for your pass
THERE WILL BE A \$30.00 CHARGE ON RETURNED CHECKS
REFERRAL SLIPS MUST ACCOMPANY YOUR PASS APPLICATION.

Family members using this membership: Last Name _____
(PLEASE PRINT)

Single Pass _____ Husband _____ Wife _____

	DATE OF BIRTH	RELATIONSHIP
CHILD _____	_____	_____
CHILD _____	_____	_____
CHILD _____	_____	_____
CHILD _____	_____	_____
CHILD _____	_____	_____

My family and I have read all the rules and agree to abide by them, noting that there are **no membership refunds**.
I AGREE TO BE RESPONSIBLE FOR THE CONDUCT OF ANY GUEST MY FAMILY OR I BRING TO THE LAKE, AND I WILL ADVISE THEM OF THE RULES.

Member's Signature: _____ Phone # (required) _____

Address _____ City _____ State _____ Zip _____ Date _____

Credit Card Number _____ V-code _____ Expiration Date _____

Please Indicate: Check ___ Cash ___ Money Order ___ MasterCard ___ Visa ___

Card Holder's Signature: _____

A \$3.00 additional convenience fee will be charged when using a credit card.

If you do not wish for pictures to be published on Lake Website please check the following box