



Callahan/Mud Lake Protective Association (CMLPA) 2025 Registration Form

Thank you for your continued support!

Return form and check to:
CMLPA
P.O. Box 13040
Hayward, WI 54843

WE wish to become members of CMLPA for the 2025 season:

NAME _____

Home Address _____

City/Zip _____

Home Phone _____

Lake/Cell Phone (If different from home phone) _____

LAKE Address _____

Email Address _____

(Please note that this information will be used in our Lake Association Directory. Please let us know if there is any information that you do not want published.)

Description	Amount
Dues	\$50.00
Additional Donation (Optional)	
Total Amount (Check enclosed, payable to CMLPA)	