
2021 HLA MEMBERSHIP APPLICATION FORM

Name _____ Spouse/Significant Other _____

I **AM** a Holloway Lake Property Owner _____ In Zone # (if known) _____
(If appropriate Check Above)

I am an Associate Member _____ My Membership # is _____ (if known)
(If appropriate Check Above)

Birthday(s) _____ / _____ Anniversary _____ Add my info to the Directory (Y/N) _____
(Please put Yes if you want to be in Directory)

Home/Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell # _____ E-mail _____

Holloway Address: _____ City _____ Zip _____
(If different than Home/Mailing Address)

Holloway Lake Fund (optional)? _____ (Yes or No). If so, the amount enclosed is \$_____.

Please make your checks or money orders payable to: Holloway Lake Association
Mail to: Mona Andrews, Treasurer 5391 Sandy Lane Columbiaville, MI 48421