



HOLLOWAY LAKE ASSOCIATION MEMBERSHIP APPLICATION

Name _____ Spouse/Significant Other _____

I am a Holloway Lake Property Owner _____ I am an Associate Member _____
(Check appropriate line above)

My Zone number is _____ (if known) My Membership number is _____ (if known)

I would like my information included in the password-protected Membership Directory, which is located on the website at hollowaylakeassociation.com. Please indicate YES or NO.

Home/Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell # _____

E-mail address _____

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

Membership dues are \$20 per household per calendar year.

Please send your application, along with cash or a check payable to: Holloway Lake Association

Mail to: Mona Andrews, Treasurer 5391 Sandy Lane Columbiaville, MI 48421