

Star Lake Property Owners' Association, Inc.

PO Box 155, Dent, MN 56528

2025/2026 Membership Information Form

(New _____ or Renewal _____)

**Please note: SLPOA Membership runs from June Annual Meeting to June Annual Meeting.*

PLEASE PRINT

Name(s): _____ Date: _____

Star Lake Street Address (if different): _____

Mailing Address: _____
Street City State ZIP Code

Email Address : _____ Phone(s): _____

Email addresses will not be sold or given to others, and will not appear in our directory without your written permission.

I/we certify that we _____ **ARE** _____ **ARE NOT** Star Lake property owners.

Dues: **\$40** **Star Lake Property Owner:** Individual, Family, Corporation, Partnership. (Voting Membership)
 \$35 **Associate Member:** Non-Property Owner supporting the objectives of The Association. (Non-voting Membership)
 \$_____ **Lake Protection Fund Donation:** Consider making an additional donation to help us protect the interests of Star Lake. Funds donated to this account will only be used for projects directly tied to lake improvement.

I am interested in volunteering in Association activities as follows:

1. I/we would be interested in working on the following SLPOA Projects:
- | | |
|---|---|
| ___ a. Water Quality | ___ f. Fisheries Improvement |
| ___ b. AIS Monitoring | ___ g. Annual Meeting Breakfast Volunteer |
| ___ c. Membership & Communication (Newsletter and Facebook) | ___ h. SLPOA Family Fishing Event Volunteer |
| ___ d. Water Safety (Includes Buoy placements) | ___ i. Annual Picnic Volunteer |
| ___ e. Adopt A Highway Project | |

2. I am interested in serving on the board of Directors. _____ Yes _____ No

Ideas or comments for the board of directors such newsletter articles, Spotlight features, Facebook or website changes, etc. _____

USE BACK OF FORM IF NECESSARY

This authorizes the Star Lake Property Owners Association to utilize my/our email address for official SLPOA communications.

Signature(s) _____ Date _____

PLEASE COMPLETE THIS FORM & MAIL WITH DUES PAYMENT TO:

Please indicate how you would prefer to receive the bi-annual "STARlights Newsletter by the indicating below (please circle):

Email to me (Saves costs)

Send via regular mail

SLPOA
P.O.BOX 155
DENT, MN 56528

**It would be greatly appreciated if dues were paid by mail PRIOR TO the June 7th Annual Meeting.
Thank You!**