

**Star Lake Property Owners' Association, Inc.**

PO Box 155, Dent, MN 56528

**2024/2025 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:
 

<input type="checkbox"/> a. Water Quality	<input type="checkbox"/> f. Fisheries Improvement
<input type="checkbox"/> b. AIS Monitoring	<input type="checkbox"/> g. Annual Meeting Breakfast Volunteer
<input type="checkbox"/> c. Membership & Communication (Newsletter and Facebook)	<input type="checkbox"/> h. SLPOA Family Fishing Event Volunteer
<input type="checkbox"/> d. Water Safety (Includes Buoy placements)	<input type="checkbox"/> i. Annual Picnic Volunteer
<input type="checkbox"/> 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:**

SLPOA  
P.O.BOX 155  
DENT, MN 56528

**It would be greatly appreciated if dues were paid by mail PRIOR TO the June 8<sup>th</sup> Annual Meeting.  
Thank You!**