

Lake Washington Club, Inc.

Annual Membership Renewal

2024 Season

(This form **MUST** be completed, signed, and returned with payment to be considered for renewal.)

Applicant Information

Name: _____
Last First M.I. Occupation

Spouse: _____
Last First M.I. Occupation

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Phone: _____ Email _____

I/we consent to the use of electronic communications for the Club's business such as: Notices, Balloting, & Meetings. I/we understand these electronic methods may consist of facsimile, email, telephone, and electronic networks in accordance with Club bylaws sec. 3.11 and MN Chap. 317A".

Renewal Options – select one membership type

Social Membership Options

Social Only - \$250

Dry Slip - \$550

Slip Membership Options - \$1,200

Lift and Dock Service

Sea Legs with Dock Service

Watercraft and Lift Information

Make & Model	Length Feet	Draft	IN	Engine	IO or OB	HP
Insurance Company:		Policy #:				
Coverage Limits:						
LIFT Liability Coverage						
Insurance Company:	Policy #:	Coverage Limits:				

The undersigned, being a member in good standing of the Club, and being fully knowledgeable of the risks involved, for the undersigned and for and on behalf of family members, voluntarily assumes the risks involved in and fully releases the Club and directors, officers and members from any and all liability for accidents, injuries, or death arising out of the operation of the above-described watercraft, and other activities in, around, or relating to the Club, including swimming activities. The undersigned agrees to indemnify and hold harmless to the Club, its directors, officers, and members from and against any and all losses or claims incident or related thereto. All such activities shall be the responsibility of the undersigned member and his/her party.

I hereby apply for membership and agree to abide by all Club rules and regulations.

Signature: _____ Date: _____

Make check payable to: **Lake Washington Club, Inc.**; mail to **1027 Daun Place, St. Peter, MN 56082**