

Little Fish Lake Association (LFLA)
2024-25 Membership Application (Through June 30, 2025)

Name (Primary Member): _____

Spouse's Name: _____

Lake Address: _____

City: _____ State: MI Zip: _____

Mailing Address: _____ Same as above

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ (_____) _____
Primary Member Spouse

Email: _____
Primary Member

Spouse

Fee: \$25

Make check payable to: Little Fish Lake Association (do not send cash)

Please mail this form & check to:

Little Fish Lake Association
PO Box 270
Cassopolis, MI 49031

(Or drop at 17125 Stevens Forest Lake St., Colgan)

Questions? Email us at: littlefishlakeassociation@gmail.com