Ida Lake Association Annual Dues and Fees Statement

Please remit your dues to: **Ida Lake Association** Date_____ **PO Box 175** Garfield, MN 56332-0175 First Name(s) _____ Home Phone_____ Last Name(s) _____ Email____ Mailing Address: District # _____ Lake Address (if different)_____ Lake Phone \$ 30.00 **Annual Dues for** _____ for ____ Memorial **Walleye Stocking Donation** \$_____ **Total Check Comments:**