

Yes, please enroll me as a member of the June Lake Advocates. I am enclosing annual membership dues in the amount checked below:

\$_____

\$10

\$15

\$25

\$50

\$_____

(name)

(email address)*

(preferred mailing address)

Please mail this form to **June Lake Advocates, PO Box 610, June Lake, CA 93529**

* Your email address is very important to us as it helps keep postal costs down. We will keep it confidential and use it for JLA business only.