



**LODGING MEMBERSHIP**

EXACT Business Name: \_\_\_\_\_

Seller's Permit #: \_\_\_\_\_  
 (contact State of WI health department/Chris Hinz at 608-469-5914 to schedule inspection & permit #)

Name of Owner/Operator: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Lake: \_\_\_\_\_ Municipality: \_\_\_\_\_

<b>FULL MEMBER</b>	\$260.00
<b>BEDROOM CHARGES</b> (\$1200 maximum)	
Each Year Round Bedroom, Motel Room, B&B Room -- \$20.00 x _____ =	_____
Each Seasonal Bedroom, Motel Room, B&B Room -- \$15.00 x _____ =	_____
<b>CAMPGROUND/RV PARK CHARGES</b> (\$600 maximum)	
Each Campsite or RV Site is \$3.00 x _____ =	_____
Each Seasonal Campsite or RV Site is \$1.00 x _____ =	_____
<b>VACATION GUIDE ADVERTISING TOTAL</b> (see other page)	_____
<b>Link your Website or Facebook page to haywardlakes.com</b>	\$100.00
<b>TOTAL</b>	_____

*I agree to abide by the by-laws of this organization. I am fully licensed and hold a current sellers permit for the State of Wisconsin.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_