



CLIA 2010

Membership Form

Coon Lake Improvement Association

PO Box 54, East Bethel, MN 55011

Name (Please Print) _____

Address (on Lake) _____

Mailing Address (if different) _____

Phone _____ E-mail _____

LAKE HOMEOWNERS: Please See Reverse Side to Fill Out The Required Signature Form in the Case Your Signature is Necessary for Toward Shoreline Spot Treatment or if Permission is Granted to do a Bay Wide or Whole Lake Treatment.

CLIA will be publishing a membership book with the CLIA constitution and a membership roster with names, address and phone numbers. Do you wish to be included? It will be free to members.
_____ Yes _____ No

CLIA is always looking for help from its members. Please check the area(s) in which you would like to help:

Education _____ Membership _____ Weed Control _____ Publications _____
Social _____ Fund Raisers _____ Water Quality _____ Meat Raffle _____

Please list your concerns for Coon Lake:

_____ \$20 Household Membership _____ \$ 50 Business Membership _____ \$ 17 Single Membership
_____ \$5 late fee (see below) _____ \$30 for each additional Business Membership from one household
_____ \$10 Sportsman's membership > (Non-voting Membership without Riparian Rights)

Add \$5 to all memberships if dues are paid after January 31st (New Memberships excluded)

If you want to donate to a *nuisance weed control fund*, fill in the amount here \$ _____
If you want to donate to the **Walleye fund**, fill in amount here: \$ _____

**All information shall be held in privacy and will be used for association business only.*

Paid by Cash **Check #** Business Name (if applicable) _____

The MN DNR provided the following form for a multi party application of treating aquatic vegetation. Filling this out will be of great help and expedite any effort to submit the required signatures in the case permission is granted to do necessary Spot treatments, Bay-Wide, Lake-Wide or Whole Lake Treatments.

This is only for a Multi-Party Application and is not in place of your personal treatment application.

Please fill in the Application (below) as completely as possible with the only number requirement in the row "Size of Area To Be Treated" is the space - "My property extends ## ft along shore.

Failing to fill out this boxed application or not having signed it will result in the MN DNR NOT to include treatment in front of your home in the case that a multi party application treatment request is approved.

Thank You! Questions can be directed to Mike Bury @ 612 618 1372



APPLICATION FOR A PERMIT TO CONTROL: AQUATIC PLANTS, ALGAE, SWIMMER'S ITCH, AND LEECHES
(Please Print or Type)

Applicant's Name (First, MI, Last)		Day Time Phone Number	Cell Phone Number
Lake Home Address (# and street, RFD, Box #, City, State, Zip Code)		Fire # / 911 #	Lake Residence Phone Number
Permanent Mailing Address (Indicate if it is the same as above)		E-mail Address	
SIZE OF AREA PROPOSED TO BE TREATED: My property extends _____ ft along shore. Proposed treatment area extends _____ ft along shore by _____ ft lakeward, out to a depth of _____ feet and/or a channel _____ feet long and _____ feet in width extending to open water.			
<small>By signing this form I hereby make application for a permit to destroy or control aquatic vegetation or aquatic nuisance as described above. I understand that the control of aquatic nuisances, including destruction of aquatic plants and algae, is subject to rules of the Commissioner of Natural Resources. I understand that an Aquatic Plant Management Specialist may wish to inspect the proposed treatment area before, during, and/or after work is completed and that by making this application I give permission to the specialist to enter my property to make such inspection at reasonable times. I understand that an annual report will be required on results achieved. Completion of this form and processing of the accompanying application fee does not constitute obtaining a permit.</small>			
Applicants Signature			Date

Signing below will indicate that you have reviewed the above multi party signature form and that you do NOT wish to participate in treating your shoreline

within the 150' foot area should it be designated for treatment if invasive aquatic vegetation are present and treatments would be taking place 150' out from your shoreline.

This will not exempt your property from the annual fee for the Coon Lake Improvement District on your annual tax statement.

I decline to have shoreline treatment 150' lakeward from my shoreline.

Name _____ Date _____ Ft of Shoreline _____