



For billing questions
and payments contact:
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www.lakeminterwoodbeachclub.org

Lake Minterwood Payment Plan

Members Name and Date _____

Phone Number/Email address _____

Address in Lake Minterwood _____

Mailing Address if different than above _____

Current Account Balance _____

Payment Plan			
Month	Amount	Month	Amount

I acknowledge that I owe the above amount to the Lake Minterwood Beach Club. I agree to the following payment plan. If I miss 2 consecutive payments, I understand that I will be charged interest at the rate of 12% APR and a late fee of \$15.00 per month which will be backdated to the time of the first missed payment and a lien may be placed on my property.

Signatures:

Property Owner _____ Date _____

Lake Minterwood Representative: _____

Treasurer, Financial Advisor or Bookkeeper
_____ Date _____