

Crisp Point Light Historical Society Membership / Donation Form

12/20

Name: _____ Address: _____

City, State, Zip: _____

Phone Number: _____ E-Mail Address: _____

Make check payable to CPLHS and mail this completed form to: CPLHS, 3035 Creekwood Cir, Bay City, MI 48706

Membership Type:	<input type="checkbox"/> New	<input type="checkbox"/> 1 Year Single \$20	<input type="checkbox"/> 2 Year Single \$35
	<input type="checkbox"/> Renewal	<input type="checkbox"/> 1 Year Family \$30	<input type="checkbox"/> 2 Year Family \$50
		<input type="checkbox"/> Lifetime Family \$500	
Would you like your newsletters sent to your E-Mail? (Circle one) Yes No			
Donation:	I would like to make a donation in the amount of \$ _____		

If you would prefer to pay online, visit <https://www.crisppointlighthouse.org/member.html> instead of using this form.