

CPLHS Membership and Donation Form

Name _____ Phone # _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____

Membership	_____ New	_____ 1 year Single \$20.00	_____ 2 year Single \$35.00
	_____ Renewal	_____ 1 year Family \$30.00	_____ 2 year Family \$50.00
Would you like your quarterly newsletter sent to your Email? (Circle one)			Yes No
Annual Conference - Saturday, July 20, 2019		\$5.00 per person or \$15.00 for immediate family of 3 or more	
Number attending: _____ x \$5.00 = \$ _____ or family x \$15.00 = \$ _____			
Donation	I would like to make a donation in the amount of \$ _____		
A lifetime family membership comes with a donation of \$500 (may be tax deductible, consult your tax adviser)			

MAKE CHECKS PAYABLE TO CPLHS
 Mail to: CPLHS, Rick Brockway, PO Box 229, Paradise, MI 49768