

# Crisp Point Light Historical Society Membership / Donation Form

10/20

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Make Check payable to CPLHS and Mail this completed form to: CPLHS # # " # U@**

<b>Membership</b>	_____ New	_____ 1 year Single \$20.00	_____ 2 year Single \$35.00
	_____ Renewal	_____ 1 year Family \$30.00	_____ 2 year Family \$50.00
<b>Would you like your newsletters sent to your Email? (Circle one)</b>			<b>Yes      No</b>

<b>Donation</b>	I would like to make a donation in the amount of \$_____
<b>A lifetime family membership comes with a donation of \$500</b> (may be tax deductible, consult your tax adviser)	