

Port Austin Reef Light Association

## NEW MEMBER REGISTRATION FORM

Name:			
Address:			
		Zip:	
Phone:			
E-mail:			
<i>Yes</i> , I am intereste	D IN THE PORT AU	ISTIN REEF LIGHT!	
Please mark all that may apply			
I would like to become a	an official member.	DUES: \$25.00	
I would like to make a d	onation. \$	_	
I would like to make a d	onation of materials.		
I would like to contribut	e on-site / off-site wo	rk.	
I would like more inform	nation including pose	sible e-mails & newsletters.	
> PLEASE MAKE CHECKS OUT	TO: <u>P.A.R.L.A.</u>		
> Registration forms alon	g with dues or donat	ions can be left at the	
<b>PORT AUSTIN VISITORS</b>	<b>CENTER</b> ( The blue building at	the main light in Port Austin )	
or please mail complet	ted form to:		
PORT AUSTIN REEF LIGHT	ASSOCIATION		
Attn: Lou Schillinger			A.
8265 N. VAN DYKE RD.,			
PORT AUSTIN, MICHIGA	N, 48467		