

**BLPA** **MEMBERSHIP APPLICATION)**

Please complete as you’d like it to appear in the association’s directory and for mailings to you throughout the year.

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| --- | --- | --- | --- |
| **Name:** |  | Spouse: |  |
| **Primary Address:** |  | **Secondary Address:** |  |
|  |  |
| **Phone:** |  |  |  |
| **Cell:** |  |  |  |
| **E-Mail:** |  |  |  |

Levels of Support: Supporter: $35.00 per year. Sponsor: $100-499 per year. Benefactor: $500 & over per year

**Amount enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Dues are fully tax deductible. )**

**Thank you for your support.**

Return to: BLPA, P.O. Box 632, Indian River, MI 49749 (231) 238-2177

WEBSITE