

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. Your information will not be shared with anyone else.

(BLPA is a 501(C) 3 organization so your contribution can be tax deductible.) Thanks for your support.

Name:	Spouse:	
Primary Address: (Mailing)	Secondary Address:	
Phone:		
Cell:		
E-Mail:		

Amount enclosed:_____

Levels of Support:

Supporter: \$35.00 per year.
Sponsor: \$100-499 per year.
Benefactor: \$500 & over per year.

Return to: BLPA, P.O. Box 632, Indian River, MI 49749

(231) 238-2177 • www.blpa.org

WEBSITE

Your information will not be shared with anyone else. Except all of the people in the organization...