

*Pointe aux Barques Lighthouse Society
Membership Application*

Date: _____

First Name: _____ Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

If address and phone number have not changed, check here: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Even if your e-mail address has not changed in recent years, we would appreciate it if you would again provide it to assist us in auditing our records:

E-Mail: _____

Type of Membership: _____ Single _____ Family

(Family has one vote, but both spouses are eligible to be members of the Board of Directors (but not to serve concurrently))

New Member: _____ Renewal: _____

Please mark all that may apply:

___ I would like to pay my membership dues. \$25.00

___ I would like to make an additional donation, \$ _____

___ I would like to make a donation of material or historical items.

___ I would like to contribute to on-site work.

___ I would like to assist as a docent, with occasional tower climbs, or with the museum store

Please make checks out to PABLS and mail, with this form, to:

Pointe aux Barques Lighthouse Society
Attn: PABLS Membership Chairman
PO Box 97
Port Hope MI 48468