



MEMBERSHIP APPLICATION

NEW DUNGENESS LIGHT STATION ASSOCIATION (NDLSA)

A non-profit organization, dedicated to the preservation, protection, and restoration of the New Dungeness Light Station. Dues and regulations are subject to change.

Please check one: \$35. Individual \$50. Family*

*A Family Membership is intended to include the person(s) in one household at one address and phone number. If you wish to make an additional donation, consider one of the memberships below. These amounts will include the Basic Membership you have selected above and the difference will be a tax deductible donation.

\$100. **Supporter** \$250. **Sponsor** \$500. **Associate**
 \$1,000. **Benefactor** \$2,500. **Investor** \$5,000. **Visionary**
 \$ _____ **other amount**

Membership levels of \$100 or more will be listed in the FOGHORN. If you prefer not to have your name listed, please check this box.

IMPORTANT: All membership levels have full membership benefits including eligibility to become a Keeper for a week at ND. See "Keepers" at www.newdungenesslighthouse.com for more information. The quarterly newsletter is distributed by e-mail unless indicated by checking, "Please send newsletter by USPS" .

Make checks payable to: **New Dungeness Light Station Association (NDLSA)**
P.O. Box 1283, Sequim, WA 98382-1283

Please type or print clearly and remit with payment to the address shown above.

FIRST NAME		LAST NAME	
SPOUSE / PARTNER FIRST NAME		SPOUSE / PARTNER LAST NAME	
MAILING ADDRESS			APT / STE / TRLR
CITY	STATE / PROVINCE	Z I P	COUNTRY
HOME TELEPHONE () () ()	WORK TELEPHONE () () ()	FAX TELEPHONE () () ()	CELLULAR () () ()
E-MAIL ADDRESS (TO BE USED FOR NEWSLETTER AND OTHER OFFICIAL LIGHTHOUSE INFORMATION)			

Please list children living in your household covered by this membership:

FIRST & LAST NAME	BIRTHDATE / /	FIRST & LAST NAME	BIRTHDATE / /
FIRST & LAST NAME	BIRTHDATE / /	FIRST & LAST NAME	BIRTHDATE / /

GIFT MEMBERSHIP —If this is a gift, it is purchased by:

DONOR FIRST NAME	DONOR LAST NAME	HOME TELEPHONE () () ()
MAILING ADDRESS		APT / STE / TRLR
CITY	STATE / PROVINCE	Z I P
		COUNTRY

BE SURE TO MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

Questions? Call 360-683-6638 or visit our website at www.newdungenesslighthouse.com

<p>My membership payment check is enclosed <input type="checkbox"/></p> <p>Please bill my credit card <input type="checkbox"/> Customer Code (back of card) _____</p> <p>Visa <input type="checkbox"/> Master card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/></p> <p>Name on Credit Card: _____</p> <p>Card #: _____ Exp. Date: _____</p> <p>Signature: _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Rec: / /</p> <p>Amount: \$ _____</p> <p>Check: # _____</p> <p>Source Code: WW</p> <hr/> <p style="text-align: center;">MEMAPP 01/10</p>
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THANK YOU FOR KEEPING THE NEW DUNGENESS LIGHT SHINING