

New Dungeness Light Station Association (NDLSA) Membership Form

Memberships support ongoing efforts to preserve and restore the Light Station for future generations.

[] \$25 [] \$50 []		[]\$100				dungenessli \$			
Name									
	City					_ Country	Zip		
Phone: Home		Cel							
Email			(U	sed	for news	letter and ot	her Association	on communicat	ion only)
Quarterly Newsl									
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amily Membersh	ip: Please	list other ad	ults (over	18) a	and child	dren with th	eir birth yea	r living in this	household
Adult Name				_	Adult	Name			_
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Child's Nam	ne		Birth Yea	ar	Child's	Name		Birth Ye	ear
Child's Nan			Birth Yea		Child's Name Birth Year				
						- Name		Ditti Te	
ift Membership:					_				
Name					_ Phone				
Address			City _	-		State _	Country		Zip
My membership payment check is enclosed [] Check #							Payment Summary		
	Make checks payable to: NDLSA						Individua	I Membership	\$
lake checks paya		Master Card	[]Am	ιΕx	[] Di	scover	Family M	embership	\$
] Visa []	Master Cara	[]/				Additiona	I Donation	\$
Please bill my: [
lease bill my: [Total	\$
Please bill my: [Total	\$
Please bill my: [Sec	curity Code (t	eack of care	d)		<u>-1283</u>		Total Office Use C	
Please bill my: [Name on Card: Card # Exp. Date Mail to: NDI	SecSA, PO E	curity Code (t	eack of care	d)		<u>-1283</u>	Date Rec		Only
Please bill my: [Name on Card: Card # Exp. Date Mail to: NDI	SA, PO E	curity Code (b 30x 1283, 5 5? Call 360	eack of care Sequim,	d)	 	<u>-1283</u>		Office Use C	Only /