

# Membership Application

## JOIN THE BEAVER ISLAND ASSOCIATION

New Member(s)    Renewal    \* Annual Dues: \$25.00 \*

Date:				
Your Name:				
Island Address:				
(Address Line 2):				
City	State:	MI	Zip:	49782
Telephone:				
Fax:				
E-mail:				
<b>Mailing Address</b> (if different from Island Address above)				
Address:				
(Address Line 2):				
City:	State:		Zip:	
Telephone:				
Fax:				
<input type="checkbox"/>	I would be interested in serving on a committee			
<input type="checkbox"/>	I would be interested in helping with the annual meeting.			
<input type="checkbox"/>	I would be interested in helping with special projects.			
<input type="checkbox"/>	Enclosed check includes a donation for:			

**Please print this application**

**And Mail with your Membership Dues of \$25.00 to:**

**THE BEAVER ISLAND ASSOCIATION**  
P.O. BOX 390  
BEAVER ISLAND, MI 49782