



# EBPN Membership Form

Dues are \$16.00 per year  
year starts November 1

New \_\_\_\_\_ Renewal \_\_\_\_\_

Name(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Donation \$ \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

Mail To:

**Euclid Beach Park Now  
P. O. Box 19535  
Cleveland, Ohio 44119-0535**