



2021 CY MEMBERSHIP DUES AND NEW MEMBER APPLICATION

Please complete this form as you would like information to appear in The CRPA Association directory and mailings. (Date: _____)

Name: _____

Spouse: _____

Primary (Mailing)

Address: _____

Secondary (If Applicable)

Address: _____

Home Phone: _____

Cell Phone: _____

* E-Mail: _____

*** Please provide your email address so we can inform members on updates and events including member meetings, picnics, etc.; it also helps control mailing costs.**

Check if existing member:

Check if new (2021) member:

Please choose your level of 2021 (Calendar Year) support (please check one):

Member: \$25

(Checks/money orders only please - CRPA)

Supporter: \$100 - \$249

Sponsor: \$250 +

Amount enclosed: _____ **Please make checks/money orders out to: CRPA**

(Note: Working on 501(c)(3) status; this contribution is not yet tax deductible)

Return to: CRPA,
P.O. Box 603
Cheboygan, MI 49721

Thank you for your much-needed support!

Please check out our Web Site (<http://www.cheboyganriver-crpa.com/>)

* Membership awarded at discretion of CRPA Board / rights subject to CRPA By-Laws

**David Ripper, President and Co-
Founding Member, CRPA**