



**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:** \_\_\_\_\_

\_\_\_\_\_

**Preferred way to receive correspondence (please check one):** Mail \_\_\_ E-Mail \_\_\_

Check if existing member:

Check if new member:

**Please choose your level of annual 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 kindly for your support**

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