

Membership Form
Carrabelle Lighthouse Association

DATE _____

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CELL PHONE _____

_____ Please send a survey about becoming a volunteer.

_____ Please add my email address to your newsletter registry.

I am **JOINING NOW** _____ I am **RENEWING MEMBERSHIP** _____

Select below for pay by check, or pay online at crookedriverlighthouse.com

\$25 Individual Keeper _____

\$50 Family Keeper _____

\$250 Beacon Keeper (Business) _____

\$500 GUARDIAN of the LIGHT _____

Please make checks payable to: Carrabelle Lighthouse Association

Bring this form and the check to Gift Shop
or mail to: CLA, P.O. BOX 373, Carrabelle, FL 32322