



## MEMBERSHIP APPLICATION

### NEW DUNGENESS LIGHT STATION ASSOCIATION (NDLSA)

A non-profit organization, dedicated to the preservation, protection, and restoration of the New Dungeness Light Station. Dues and regulations are subject to change.

Please check one:       \$35. Individual                       \$50. Family\*

\*A Family Membership is intended to include the person(s) in one household at one address.

If you wish to make an additional donation, consider one of the memberships below. These amounts will include the Basic Membership you have selected above and the difference will be a tax deductible donation.

\$100.      Supporter       \$250.      Sponsor       \$500.      Associate  
 \$1,000.      Benefactor       \$2,500.      Investor       \$5,000.      Visionary  
 \$ \_\_\_\_\_ other amount

You may pay for multiple yearly memberships at one time. Enter the number of years for this payment [    ].

Default is for 1 year, you have to do the math for multiple years.

Membership levels of \$100 or more will be listed in the FOGHORN. If you prefer not to have your name listed, please check this box.          ]

**IMPORTANT:** All membership levels have full membership benefits including eligibility to become a Keeper for a week at ND. See "Keepers" at [www.newdungenesslighthouse.com](http://www.newdungenesslighthouse.com) for more information. The quarterly newsletter is distributed by e-mail unless indicated by checking, "Please send newsletter by USPS" [    ].

Make checks payable to:                      **New Dungeness Light Station Association (NDLSA)**  
**P.O. Box 1283, Sequim, WA 98382-1283**

*Please type or print clearly and remit with payment to the address shown above.*

|  |  |                               |                  |                         |                            |                          |   |                  |  |
|--|--|-------------------------------|------------------|-------------------------|----------------------------|--------------------------|---|------------------|--|
| FIRST NAME   |  |                               |                  |                         | LAST NAME                  |                          |   |                  |  |
| SPOUSE / PARTNER FIRST NAME  |  |                               |                  |                         | SPOUSE / PARTNER LAST NAME |                          |   |                  |  |
| MAILING ADDRESS  |  |                               |                  |                         |                            |                          |   | APT / STE / TRLR |  |
| CITY   |  |                               | STATE / PROVINCE |                         | Z                          | I                        | P | COUNTRY          |  |
| PRIMARY TELEPHONE<br>(    )  |  | ALTERNATE TELEPHONE<br>(    ) |                  | FAX TELEPHONE<br>(    ) |                            | WORK TELEPHONE<br>(    ) |   |                  |  |
| E-MAIL ADDRESS (TO BE USED FOR NEWSLETTER AND OTHER OFFICIAL LIGHTHOUSE INFORMATION) |  |                               |                  |                         |                            |                          |   |                  |  |

*Please list children living in your household covered by this membership:*

|                   |  |                  |                   |  |                  |
|-------------------|--|------------------|-------------------|--|------------------|
| FIRST & LAST NAME |  | BIRTHDATE<br>/ / | FIRST & LAST NAME |  | BIRTHDATE<br>/ / |
| FIRST & LAST NAME |  | BIRTHDATE<br>/ / | FIRST & LAST NAME |  | BIRTHDATE<br>/ / |

**GIFT MEMBERSHIP —If this is a gift, it is purchased by:**

|                  |  |                  |  |   |                          |   |         |  |
|------------------|--|------------------|--|---|--------------------------|---|---------|--|
| DONOR FIRST NAME |  | DONOR LAST NAME  |  |   | HOME TELEPHONE<br>(    ) |   |         |  |
| MAILING ADDRESS  |  |                  |  |   | APT / STE / TRLR         |   |         |  |
| CITY             |  | STATE / PROVINCE |  | Z | I                        | P | COUNTRY |  |

**BE SURE TO MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS**

**Questions? Call 360-683-6638 or visit our website at [www.newdungenesslighthouse.com](http://www.newdungenesslighthouse.com)**

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|--|
| <p><b>My membership payment check is enclosed</b> [    ]</p> <p><b>Please bill my credit card</b> [    ]    Customer Code (back of card) _____</p> <p><b>Visa</b> [    ]    <b>Master card</b> [    ]    <b>American Express</b> [    ]    <b>Discover</b> [    ]</p> <p><b>Name on Credit Card:</b> _____</p> <p><b>Card #:</b> _____                      <b>Exp. Date:</b> _____</p> <p><b>Signature:</b> _____</p> |
|--|

|                     |
|---------------------|
| OFFICE USE ONLY     |
| Date Rec:    /    / |
| Amount: \$ _____    |
| Check: # _____      |
| Source Code: WW     |
| MEMAPP 11/11        |

**THANK YOU FOR KEEPING THE NEW DUNGENESS LIGHT SHINING**