

CARRABELLE LIGHTHOUSE ASSOCIATION (CLA)

Thank you for your Support and Donations

Name(s) _____ (PLEASE PRINT)

Address _____ State/Zip _____

Email _____ (membership news only)

Home Phone _____ Work _____ Cell _____

_____ \$12 Renewal (individual) _____ \$15 New Member (individual)

_____ \$25 Family _____ \$100 Business _____ ? Guardian of the Light

Please make checks payable to: CARRABELLE LIGHTHOUSE ASSOCIATION

Mail this form to: P.O. BOX 373, CARRABELLE, FL 32322