

LONG POINT RATEPAYERS' ASSOCIATION
P.O. BOX 34, R. R. #3 PORT ROWAN, NOE 1MO
www.longpointrpa.com

APPLICATION FOR MEMBERSHIP

(please print)

Date: _____

MAILING ADDRESS:

Name: _____

Address: _____

_____ Postal Code: _____

Phone: (____) ____ - _____

E-MAIL ADDRESS: _____

LONG POINT ADDRESS:

ADDRESS: _____

_____ Postal Code: _____

PHONE: (____) ____ - _____

E-MAIL ADDRESS: _____

WINTER ADDRESS OR WINTER EMERGENCY CONTACT:

Name: _____

Address: _____

_____ Postal Code: _____

Phone: (____) ____ - _____

E-MAIL ADDRESS: _____

Would you be willing to be a Director, or know someone who would.

(If Yes, please print the name and contact number) _____

PLEASE COMPLETE THE ABOVE AND SEND WITH \$20.00 TO THE ADDRESS ABOVE.