

## Celery Pond Advocates Membership Form

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

*Due to our small staff, correspondence will be handled via email. If you cannot receive email, be sure to include a phone number where we can reach you.*

Circle One: \$ 15 Individual/Senior

\$ 20 Individual

\$ 30 Couple/Family

\$100+ Big Advocate

\$200+ Super Advocate

\$500+ Stellar Advocate/Lifetime Member

Send form and check to:

Celery Pond Advocates, P.O. Box 241, South Haven, MI 49090.



**We thank you for your support!**