



THE FLORIDA LIGHTHOUSE ASSOCIATION, INC.

A NOT-FOR-PROFIT CORPORATION

Stan Farnham, President
Eric Martin, Executive Vice President
George Diller, Treasurer
Christi Sessions, Secretary

81 Lighthouse Avenue
St. Augustine, Florida 32080
www.floridalighthouses.org

MEMBERSHIP APPLICATION FORM

Please enroll me (us) as a member of the Florida Lighthouse Association

Circle type of membership: INDIVIDUAL FAMILY CORPORATE

Membership Levels	Assistant Keeper	\$25.00	Individual Membership Only
	Keeper	\$35.00	Individual or Family Membership
	Inspector	\$50.00	Individual or Family Membership
	Commissioner	\$100.00	Individual or Family Membership
	Watch Room	\$250.00	Individual or Family Membership
	Circle of Lights	\$1,000.00	Individual or Family Membership
	Delegate	\$50.00	Affiliate Citizens Support Organization
	Corporate	\$100.00	Includes 2 Individual Memberships

Individual, Lighthouse or Company Name: _____

Contact (for Lighthouse or Corporate Membership): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business (or Cell) Phone: _____

E-Mail Address: _____

The Tax Deductible Membership Fee I am Enclosing is \$ _____

My Tax Deductible Additional Contribution Towards Lighthouse Preservation is \$ _____

My Tax Deductible Additional Contribution Towards the License Plate Fund is \$ _____

The **Total** of my Tax Deductible Check Enclosed is \$ _____

Family Memberships include spouse and/or family members under the age of 18 who live with you. Please list full name for all members covered by this membership: _____

If you have an interest in serving on a committee, please circle one of the following:

Fund-Raising Grants Writing Legislative Contacts Membership Preservation Planning Programs
Historical Research Publicity Newsletter & Publications Meeting Planning Photography

All memberships are renewed October 1st of each year. Initial memberships received before April 1st expire on September 30th of the same year. Initial memberships received after April 1st expire on September 30th of the following year. Renewals require full annual payment regardless of date received.

Please send application and payment to

Diana Smith
PO Box 149963
Orlando, FL. 32818-9963