

APPLICATION FOR MEMBERSHIP

This info will be used for mailing and to compile our annual Directory. Please inform us if anything changes. Annual dues are \$20 per household.

NAME & ADDRESSES

Last Name: _____

First Name: _____

Fire or Lot Number: _____ Email: _____

Address

1

2

3

PHONES

We can store up to 3 phone numbers. Circle one description for each phone if desired:

Phone 1 _____ HOME OFFICE FAX CEL BEEPR PRIVATE

2 _____ HOME OFFICE FAX CEL BEEPR PRIVATE

3 _____ HOME OFFICE FAX CEL BEEPR PRIVATE

RESIDENCE

Full-time

Part-time

Non-resident



NEWSLETTERS

We mail newsletters four times a year. Circle the address number that is best for each of these months.

FEB

1 2 3

MAY

1 2 3

AUG

1 2 3

NOV

1 2 3

CARETAKER

Caretaker info will be supplied to the local sheriff for emergencies, but not published in the Directory. Indicate your caretaker, if any, by circling one:

GIGSTEAD R.M.SMITH DOORCHEK SORENSON NONE OTHER(SPECIFY)

MBR_APPCDR



Glidden Drive Association, Inc.

P.O. Box 261, Sturgeon Bay, Wisconsin 54235