

## Save Our Shoreline Application Form



Thank you for your interest in joining Save Our Shoreline. Please complete the following information and send it to:

**Save Our Shoreline, Inc.**  
**P.O. Box 2307**  
**Bay City Michigan 48707-2307**  
[www.saveourshoreline.org](http://www.saveourshoreline.org)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

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

Name of your beach or beach area (i.e. Linwood, Caseville): \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

- I wish to join as a Voting Member (I own or reside on a natural body of water).
- I wish to join as an Associate Member (I do not own or reside on a natural body of water, but I support the organization's goals).
- I have enclosed \$50.00. (\$25 application fee and \$25 annual fee) Please make your check payable to Save Our Shoreline.

If you are an Associate Member, you will receive all information that is sent to the Voting Members. This information will keep you informed of our progress, local meeting's dates, committee hearings, studies, surveys and etc. and will be distributed via our website, email and other forms of communications.

On behalf of Save Our Shoreline, we thank you for your support in protecting your property rights.