



## Business Membership

Business Name: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Preferred Communication Type: Mail \_\_\_ Email \_\_\_ Phone \_\_\_

Type of Business:

<input type="checkbox"/> Retail	<input type="checkbox"/> Financial	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Contractor/construction	<input type="checkbox"/> Lodging/food service	<input type="checkbox"/> Marina/chartering service
<input type="checkbox"/> Recreational sales/service	<input type="checkbox"/> Touring/guide service	<input type="checkbox"/> Real estate sales/service
<input type="checkbox"/> Medical	<input type="checkbox"/> Education	<input type="checkbox"/> Consulting
<input type="checkbox"/> Other (list) _____		

Membership Fee: \$100

I am interested in future FAINL special event sponsorships: Y \_\_\_ N \_\_\_

I am interested in volunteer opportunities: Y \_\_\_ N \_\_\_

Make checks payable to: Friends of the Apostle Islands National Lakeshore  
P.O. Box 1574  
Bayfield, WI 54814

**FRIENDSOFTHEAPOSTLEISLANDS.ORG**  
**facebook.com/friendsoftheapostleislands**