



## Business Membership

Business Name:

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Business Address:

Street \_\_\_\_\_

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

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

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

Contact Name:

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Contact Address: Street

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

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

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

Preferred Communication Type: Mail  Email  Phone

Type of Business:

Retail  Contractor/construction  Recreational sales/service

Medical  Financial  Lodging/food service  Touring/guide service  Education  Manufacturing  Marina/chartering service

Real estate sales/service  Consulting

Other (list) \_\_\_\_\_

Membership Fee: \$150

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

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