

**APPLICATION FOR MEMBERSHIP  
BAY HARBOR FOUNDATION**

I have reviewed and I approve the Articles of Incorporation and the Bylaws of the Bay Harbor Foundation, and I hereby apply for membership in the Bay Harbor Foundation. I understand that the Board of Directors of the Bay Harbor Foundation must approve my application before I am entitled to be a member of the Bay Harbor Foundation.

In accordance with Article VIII of the Articles of Incorporation, I have checked below the box that applies to me, in connection with this application:

I reside in Bay Harbor at the following address: \_\_\_\_\_  
\_\_\_\_\_

I own property in Bay Harbor at the following address: \_\_\_\_\_  
\_\_\_\_\_

I work in Bay Harbor at the following place of business: \_\_\_\_\_  
\_\_\_\_\_

I have a business relationship with Bay Harbor, in the following respects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an immediate family member of a person who meets one of the foregoing qualifications. Please state your relationship to, and identify such person, and describe how such person qualifies

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(PLEASE PRINT OR TYPE NAME ABOVE)

Mailing Address:

\_\_\_\_\_  
(STREET NUMBER)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(PO BOX , OR OTHER INFORMATION, IF ANY)

\_\_\_\_\_  
(FAX NUMBER)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(EMAIL ADDRESS)

Please return application to Bay Harbor Foundation, 750 Bay Harbor Drive, Bay Harbor, Michigan 49770  
or by fax to (231) 439-2701.