

Skyline Planning and Preservation Alliance (SPPA)
Membership Form

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Checks payable to SPPA please.

I would like to volunteer to help with cleanup days, phone calls, or other activities.

Do NOT add me to the mailing list, one time donation only.

Membership donation

10 Fixed income

20 General

50 Sustaining

100 Benefactor

Other

SPPA donations are not currently tax deductible.

E-mail: info@skylineppa.org

Web: www.skylineppa.org

Mail form to Barb Forrest, 1101 West Skyline Parkway, Duluth, MN 55806.

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