



Membership Application

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_  
E-mail \_\_\_\_\_ (Please include!)  
Credit Card    Visa        Mastercard  
CC # \_\_\_\_\_ Exp. \_\_\_\_\_  
Signature \_\_\_\_\_

New Member or Renewal (check one)

- |                          |                               |                           |
|--------------------------|-------------------------------|---------------------------|
| <input type="checkbox"/> | <i>Supporting Member</i>      | <i>\$25 Annual Dues</i>   |
| <input type="checkbox"/> | <i>3-Yr Supporting Member</i> | <i>\$50 Annual Dues</i>   |
| <input type="checkbox"/> | <i>Life Membership*</i>       | <i>\$300 One Time Fee</i> |

Make checks payable to WA WSF & mail to:

WA WSF  
Box 236  
Asotin, WA 99402  
Fax to 509.758.7267