



MEMBERSHIP APPLICATION / RENEWAL

Name(s) _____

Street _____

City _____

State _____ Zip _____

Phone*(H) _____ (W) _____

E-mail * _____

*Optional –will be included with membership roster

Chapter Membership

\$15.00 per year (Jan - Dec) for any person, family, firm, association, or corporation.

Please make check payable to:

Washington State Chapter LCTHF, Inc

Mail to: Rob Heacock

101 South Wright Court

Liberty Lake, WA 99019

Dues are kept as low as possible to encourage wide membership. Please consider making supplemental donations to help support the organization.

Please mark if address has changed.