



**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: Layne Corneliuson**

**19033 102nd Ave SE**

**Renton, WA 98055**

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.