



NWRAD MEMBERSHIP FORM

DATE: _____

www.NWRAD.org

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Date of Birth: ____/____/____ (Optional)

Do you want to receive e-group announcements from NWRAD? YES or NO

Do you give us permission to have your pictures used for NWRAD promotional materials (website and newsletter)? YES or NO

Membership Dues: (Mark "X" that applies)

- \$30.00 NWRAD Annual Membership: **Regular**
- \$15.00 NWRAD Annual Membership: **Senior Citizens (60 and over)**
- \$10.00 NWRAD Annual Membership: **Youth (18 to 25 years)**

Membership includes:

- ♦ Admission Discounts
- ♦ Newsletters (Lavender Hands)
- ♦ Voting Privileges
- ♦ Free lunch occasionally provided at General Meetings

Make check or money order payable to NWRAD.

**Mailing Address: NWRAD
PO Box 94116
Seattle, WA 98124**

Signature: _____

Date: _____

If you have any concerns or questions, please contact NWRAD Treasurer – NWRADTreas@gmail.com

FOR OFFICE USE ONLY:

Date Received: ____/____/____

Cash: \$_____ or Check #: _____

Date Paid: ____/____/____

Expired Date: ____/____/____