



NWRAD MEMBERSHIP FORM

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

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

Do you want to receive announcements from NWRAD?

Facebook E-Mail Mail None

Do you give us permission to have your pictures used for NWRAD promotional materials (website and newsletter)?

YES NO

Membership Dues: (Mark "X" that applies)

\$20.00 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:

Event Discounts Annual Newsletter (Lavender Hands)
Voting Privileges

Donation Amount: \$ _____

Make check or money order payable to NWRAD

Mailing Address: Po Box 94116

Seattle WA 98124

Signature: _____

Date: _____

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

FOR OFFICE USE ONLY:

Cash: \$ _____ or Check#: _____ Date Paid _____ / _____ / _____