

PNWSCT Membership Application

Local Only 2010

Please complete and submit the following form. (*Required)

Membership Information

Section: (circle one) Portland Puget Sound Vancouver Other _____

Member Type: **Local only**

Total Dues \$50

Applicant Information

Prefix Mr. Mrs. Ms. Dr.

First Name: * MI

Last Name: * Suffix

Title:

Company/Directory Address

Preferred Mailing Address?

Company:

Address:*

Address:

City:*

State/Province:*

Postal Code:*

Country:*

Work Phone:

Toll Free:

Fax:

E-mail:*

Make Checks Payable to **PNWSCT**
PO Box 56
Ridgefield WA, 98642

Questions? Darin Shields
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