



Membership Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Age: _____

Email: _____

*By providing my email address I agree to receive updates and alerts

I would like to be a: _____ Life Member (\$200)

_____ Individual Member (\$25 per year)

Credit Card Contribution ___ Visa or ___ MasterCard

Credit Card Number: _____

Exp: ___/___ Authorized Signature _____ CSV# _____

Check or Cash Contribution: I have enclosed a ___ Check or ___ Cash

**Please mail application form to: 15055 SW Sequoia Parkway, Suite 170
Portland, Oregon 97224**