

# Membership Application

Welcome To NorthWest Apple Pickers

(Please Print)

Date \_\_\_\_\_

(Primary Member Information)

Name (First MI Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

(Additional Member Information)

Name (First MI Last) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

## Annual Membership Fee

Forty dollars (\$40.00) per year. (fee includes all members of the same household).

Make checks payable to NorthWest Apple Pickers. You may join in person at a regular meeting or mail your check with a completed membership application to:

**NWAP P.O. Box 98203**

**Lakewood, WA 98496**

As a member of the Northwest Apple Pickers (NWAP), I agree to abide by the provisions of the Bylaws of NWAP, and I understand that dues and fees paid are not refundable.

Signature: \_\_\_\_\_

(For Membership Chair only.)

Member Number: \_\_\_\_\_