



RESOURCES COALITION

Membership Application

(Please print all information)

Name _____
FIRST MIDDLE INITIAL LAST

Address _____
PLEASE INCLUDE HOUSE NUMBER, STREET NAME AND TYPE, APT OR SUITE NUMBER

City _____ State _____ Zip _____ - _____
9-DIGIT ZIP, PLEASE

Telephone (_____) _____ E-Mail Address _____
AREA CODE & NUMBER I desire to receive alerts and newsletters via email

- Please accept my **Family** membership (\$20)..... \$ _____
- Please accept our **Organization/association** Membership..... (\$50)..... \$ _____
- Please accept this **Donation** to the legal fund..... \$ _____

TOTAL ENCLOSED \$ _____

Payment Type _____

Please list any Club or Association Affiliation _____

Please accept my/our application to the Resources Coalition, a Washington State Non-Profit Organization and that all donations beyond the membership fee will go exclusively to the Legal Fund.

Signature _____ Date _____

Return this membership application and payment to:

Resources Coalition
P.O. Box 2131
Sumner, WA 98390