



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 _____ - _____

Phone# _____ email _____

Please accept my **Family** membership (\$25) _____

Please accept our **Organization/association** Membership _____ (\$60) _____
\$

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 1207
Cle Elum, WA 98922