



Chehalis Basin Fisheries Task Force Membership Form

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____ ***

ORGANIZATION: _____

AMOUNT ENCLOSED: \$ _____

- | | |
|---|----------|
| <input type="checkbox"/> Silver Membership | \$20.00 |
| <input type="checkbox"/> King Membership | \$30.00 |
| <input type="checkbox"/> Associate Enhancer | \$60.00 |
| <input type="checkbox"/> Patron Enhancer | \$100.00 |
| <input type="checkbox"/> Golden Enhancer | \$500.00 |
| <input type="checkbox"/> Business Membership | \$200.00 |
| <input type="checkbox"/> Corporate Membership | \$500.00 |

Membership is (please check one):

- ☐ Individual
☐ Organizational

Return this page, with payment, to:

**Chehalis Basin Fisheries Task Force
P O Box 72
Montesano, WA 98563**

***** Email address will only be used for meetings and Satsop Springs work party notices.**