2024 Membership Statement

White River Recreation Association Dues (after Feb. 15, 2024)					\$60.00		
		s Dues (\$50.00 Optional) se Fund (Optional)			\$ \$		
			Total Enclose	d :	\$		
Note: Please print a	ddress & phoi	ne information <u>to ensure accu</u>	racy of our record	ds!			
New membership? (yes) (no) Tract:			Cabin #	_ Permi	t Holder?	(yes) (no)	
Name(s):							
Address:							
City, State, Zip:							
Land Line:	and Line: Cell Phone: Cabin Phone:						
` '		more than one person, p	•			hom the	
Email Address(e	s):						
sharing this informaWant to go gree	<i>tion, please co</i> n? Sign up fo Group and Life	cretely in accordance with the ontact the WRRA Secretary. I email delivery of the WRRA stime membership options. WRA?	Newsletter:	(circ	cle one) Y	es No es No	
		mily members, who are assoc emergency? (Only enrolled \					
Name	Relationship	Mailing Address		none		Email	
-							

Make your check payable to WRRA. Return this completed statement, with payment to:

N Eric Carlsen, WRRA Treasurer PO Box 3057 Port Angeles, WA 98362-0338