

North Cascades Institute Membership Form

Please fill out and give to store clerk with payment, or return by mail:

North Cascades Institute
810 State Route 20
Sedro-Woolley, WA 98284

Thank you for joining North Cascades Institute!

- I am joining North Cascades Institute for the first time
- I am renewing my membership in North Cascades Institute
- I would like to give the gift of membership to a friend

Please choose one of the membership levels below:

- Individual \$35
- Family \$50
- Steward \$100
- Business/Corporate \$250
- Benefactor \$500

Payment Information

Please charge to credit card:

- Visa MasterCard

(You do not need to fill out credit card information if you are paying in a retail store)

Cardholder name: _____

Card number: _____

Card expiration date: _____ Security Code: _____

- Check/cash payable to North Cascades Institute

Personal Information (*indicates required field)

Please fill out as you would like your information to be reflected in our membership records.

Primary Adult

Preferred title (Mr., Mrs., Ms., Dr., etc.) _____

*First name _____

*Last name _____

*Address _____

Address cont. _____

*City _____

*State _____

*Zip/Postal Code _____

Country, if outside U.S. _____

*Home phone _____

Cell phone _____

Email _____

Number of children under the age of 18 living in the household _____

Secondary Adult _____

First name _____

Last name _____

Email _____