

## HWY 97 TASKFORCE MEMBERSHIP FORM

The cost of membership for one person for three years in \$10.

One payment of an additional \$5 provides membership for three years to all other adults (18+) having the same address as yourself.

Date: \_\_\_\_\_ Receipt Number \_\_\_\_\_

1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you available to help us as a volunteer? Yes / No

If "yes", what would you like to do to help us?

Co- residents (if applicable)

1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_

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1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_

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