Instructions:

This form is to be used when you want to **mail** in your payment for membership.

* You can print the form out as it is and simply write in your information or

* You can type in your information and then print out the completed form.

Your Information

Date:	
Name:	
Address:	
State/Province:	
Zip/Postal Code:	
Country:	
Home Phone:	
E-mail Address:	
[

Comments:		



Western Whitewater Association PO Box 8922 Boise, Idaho 83707

www.westernwhitewater.org

○ Single Membership - \$35 - one vote

○ Family Membership - \$40 - two votes