



# Membership Application

New     Renewal     Mailed Newsletter     Electronic Newsletter

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Areas of interest \_\_\_\_\_

(Please enclose a check written to NWVRS – Mail to PO Box 82379, Portland, OR 97828-0379)