



Washington Conservation Society

Application for Membership Individual

Name

Address

City

State

Zip

Telephone

E-mail

I am a current Supervisor or Associate Supervisor with _____
Conservation District.

I am a past Supervisor or Associate Supervisor with _____
Conservation District.

I am an employee with _____ Conservation District.

I am an employee or member with _____ partner
organization.

I am a spouse or immediate family member of a Supervisor or Associate
Supervisor of _____ Conservation District who has
passed away.

I do not meet the membership categories listed above, but I am interested in supporting the Washington Conservation Society.

MEMBERSHIP FEE IS **\$35.00** PER YEAR.

Please mail completed application to:

Washington Conservation Society
C/O WACD
16564 Bradley Road
Bow, WA 98232

Thank you for your support!