

Primary Member:		
Spouse / Other:		
Address:		
City:	State:	Zip:
Phone(s) please circle Cell or Ho	ome	
Primary phone: Cell – Home		
Spouse phone: Cell – Home		
Other phone: Cell – Home		
Primary Email:		
Other Email:		
Birthday of Primary Member: _	Spouse/Otho	er:
Additional family members: qu	antity please, names requested:	
Are you interested in being on a	committee or helping at meetings?	
Please circle: bus trip, event plar	nning, fund raising, raffles, 50/50, char	ritable giving etc.
Do you have ideas to share or cor	nnections that might help the club?	
Please note here or talk to a board	d member about areas of interest.	
Paid Date:	Individual \$15 Family Me	embership \$25
Membership is valid thru Decen	mber 31st of the year paid for.	
Make checks and money orders	payable to: Spokane Valley Sea Hav	wkers
Payment should be mailed to: P	'am O'Connor 1620 N West Newman I ake Dr	

Newman Lake, WA 99025

Or, via PayPal at <a href="mailto:svshtreasurer@gmail.com">svshtreasurer@gmail.com</a>