



## MEMBERSHIP FORM

Print this form and mail with payment to:

Vegetarians of Washington  
12819 SE 38<sup>th</sup> St #427  
Bellevue, WA 98006

- I/We wish to join Vegetarians of Washington**  
 **I/We wish to renew our Membership**

I/We enclose:

- \$24 – Individual  
 \$36 – Family  
 \$50 – Supporter  
 \$100 – Patron

Name(s) \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone: \_\_\_\_\_

- We will not share your contact information with anyone else without your prior consent.

**Paying by Check:** Please make checks payable to “Vegetarians of Washington”

**Paying by Credit Card:**

Card No: \_\_\_\_\_ Exp \_\_\_\_\_

Zip Code (if different from above): \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_