

# Cascade Treasure Club

## Membership Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

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

## Family Membership

Spouse Name \_\_\_\_\_

Children Names \_\_\_\_\_

\_\_\_\_\_

Membership fee \$35.00 Single \$45 Family

Mail along with a check to:

Mark Kulseth  
607 S 1<sup>st</sup> Street Box 564  
LaConner, WA 98257

You are more than welcome to pay at the meeting.