



## The Group Dues Payment Form

Name: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

(Detach and return bottom of form with payment (\$10.00). Please keep top of form for your records.)

---

## The Group Dues Payment Form

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

May we share your contact information on our Website? Yes\_\_\_ No\_\_\_

Special areas of interest or expertise \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To pay by mail, address check to "The Group"

PO Box 94551

Seattle, WA 98124