



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 75223

Seattle, WA 98175

Please return prior to March 31st