



# 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.

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# 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 31<sup>st</sup>. Thank you!**