



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