

**2007 MEMBERSHIP FORM**

**SHAW ISLANDERS, INC.**

**PO BOX 443, SHAW ISLAND, WA 98286**

Name(s): \_\_\_\_\_  
 \_\_\_\_\_

Contact Information: \_\_\_\_\_ No changes \_\_\_\_\_ Changes as follows:

<b>Shaw Address</b>	<b>Use In Directory?</b>	<b>Off-Island Address</b>	<b>Use In Directory?</b>
<b>Name(s):</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>P.O. Box:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Street Address:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Phone#:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Email:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE CONSIDER GIVING US YOUR EMAIL ADDRESS EVEN IF YOU DO NOT WANT IT PUBLISHED. THIS WILL ALLOW US TO SEND YOU PERIODIC NEWSLETTERS.

**PLEASE SEND FUTURE CORRESPONDENCE TO: (Circle one below)**

Shaw Address    or    Off Island Address

       Adult voting members (over 18 years of age) at \$5 per person..... \$       

       Other family members who you would like as a member at \$5 per person....\$       

List \_\_\_\_\_

**Additional Contributions**

General Fund:..... \$       

Medical Fund:..... \$       

**Total:.....\$**