

2007 MEMBERSHIP FORM

SHAW ISLANDERS, INC.

PO BOX 443, SHAW ISLAND, WA 98286

Name(s): _____

Contact Information: _____ No changes _____ Changes as follows:

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