

membership application

Date		_ □ Nev	w 🗖 Renewal
Name			
Address			
City		_ State	Zip
Home phone		_ Cell phone _	
E-mail			
Family names (if family membership)			
Membership type			
_ _ _	Family/group Individual Associate (under 18)		\$20/year \$14/year \$5/year

Send membership form to: COC Membership • c/o Jim Siscel • 19322 73rd Pl. West • Lynnwood WA 98036