

Washington State Gourd Society (WSGS)

Mu Chapter of the American Gourd Society

MEMBERSHIP APPLICATION

** Indicates required fields*

Please print legibly

Membership application is for: <i>(please check one)</i>		*Application Date (today): _____	
<input type="checkbox"/> NEW membership in WSGS \$15.00 per year		*Membership year you're paying for: _____	
<input type="checkbox"/> RENEWING my membership \$15.00 per year			
<i>All memberships end on December 31st of each year. Membership includes all family members residing at one address.</i>			
*Name:			
*Address #1:			
*Address #2:			
*City:		*State:	*Zip Code:
*County:		*Patch: (What patch do you belong to?)	
*Phone:		*Cell Phone	
*Email Address: <i>(please print clearly)</i>			
*How are you paying? <input type="checkbox"/> PayPal on the website <i>Membership page</i> , (www.wagourdsociety.org)			
<input type="checkbox"/> By Check (check# _____) or <input type="checkbox"/> Money Order (# _____)			
<i>Make check payable to Washington State Gourd Society, or WSGS</i>			

Mail your application and, (if not using PayPal), your check or money order to:



WSGS
c/o Lisa Libby
PO Box 245
Mineral WA 98355

Note: *You will be notified by email when your membership application is processed.*