



The Women's Coalition of Washington
ADVOCATING FOR WOMEN WITH ADDICTION AND RELATED ISSUES

Membership Application

Please print, fill out, and return the membership form along with your membership fee...

Please join us today!

Individual Name _____

or

Agency Name _____

Agency Representative(s) _____

Address (including city & Zip) _____

Phone _____

E-Mail _____

I/we support the philosophy and mission of the Coalition and wish to become regular members.

Type of Membership:

Agency (\$150.00/year)

Save on two registrations to workshops & conferences sponsored by the coalition with a paid agency membership. Receive a link to your agency webpage on the Women's Coalition of Washington website.

Web Address _____

Individual (\$40.00/year)

Save on one registration to workshops & conferences sponsored by the coalition with a paid individual membership.

Student (\$15.00/year)

Save on one registration to workshops & conferences sponsored by the coalition with a paid individual membership.

Please make checks payable to:

Women's Coalition of Washington

102 S. Naches Ave

Yakima, WA 98901

Be a Part of a Positive Statewide Support System

Strength Comes in Numbers!

This form may be submitted in two ways:

1. Submit online:

Fill out the form and Submit online by clicking the submit button. Once you press Submit, you will return back to our Membership page. There you can pay using the PayPal button and your PayPal account or credit card.

2. Submit by mail

Fill out the form, print, and mail a copy along with your check to:

**Women's Coalition of Washington
C/O Beth Dannhardt
102 S. Naches Ave.
Yakima, WA 98901**