



Membership Application

First Name:

Last Name:

Address:

City:

State: Zip:

Home Phone:

Day Phone:

Fax:

E-Mail:

* Additional Names ("River" or greater):

Membership Levels

"Creek": \$ 35.00

"Stream": \$ 50.00

"River": \$100.00

"Watershed": \$250.00

Other: \$_____

Please notify on upcoming events & meetings Yes No

Like to join a committee? Yes No

Make checks payable to:

The Friends of the Falls Association

P.O. Box 21143 Spokane WA 99201

* = asterisk indicates optional field. Corporate and Affiliated Organization levels are River and above. **Friends of the Falls does not sell or distribute its mail and e-mail listings.**