

Rural Connections Membership Application

Date: _____

Contact Person: _____ Title: _____

Organization/Business Name: _____ Year Established: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Physical Address if different: _____

Phone: _____ Fax: _____

E-Mail: _____

Website: _____

Type of Organization/Business: _____

Number of Employees: Full Time _____ Part Time _____

Referred by: _____

CHECK APPROPRIATE MEMBERSHIP TYPE:

TYPE	ANNUAL INVESTMENT
<input type="checkbox"/> Level 1	\$100
<input type="checkbox"/> Level 2	\$250

Return application with payment by check or money order, to:

Rural Connections
c/o East Lewis County Chamber of Commerce
P.O. Box 562
Mossyrock, WA 98564

You may also pay online via PayPal (with credit card or check) at
www.eastlewiscountychamber.com/ruralconnections.htm