

WHATCOM AGILITY TEAM MEMBERSHIP RENEWAL FORM FOR YEAR _____

NAME _____
LAST
FIRST
MI

STREET ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____
HOME
CELL

WORK – IF OKAY TO CONTACT YOU AT WORK _____ E-MAIL _____

MEMBERSHIP \$ _____ \$ _____
SINGLE
FAMILY
E-MAIL
LIST ADDITIONAL FAMILY
MEMBERS ON BACK OF
WHITE COPY

DATE PAID _____ CHECK CASH

WHITE – SECRETARY
C:\My Documents\AgimbrRN.doc REV Apr-06

YELLOW – TREASURER

PINK – MEMBER