

Membership Application/Renewal

Name _____

Address _____

City/Zip _____

Phone _____ Email _____

January 1 - December 31, 2009

Type of membership

(Check appropriate box below)

<input type="checkbox"/>	child up to 17.....	\$10.00	Mail to MRQG P.O. Box 1317
<input type="checkbox"/>	adult	\$25.00	Philomath, OR 97370
<input type="checkbox"/>	senior (65+)	\$20.00	(or bring to the meeting)
<input type="checkbox"/>	over 80	free	

I can volunteer for the _____ committee.