

NCHNA ANNUAL MEMBERSHIP DUES

Please provide the following contact information:

Name

Street Address

Address (cont.)

City

State

Zip/Postal Code

Home Phone

**E-mail*

Please choose a plan

Individual:\$10.00

Household:\$25.00

Business or Institution:\$25.00

**Important to fill in e-mail address for notification of meetings & updates.*

After you have completed this form print and mail with check to:

NCHNA c/o David Docter

1015 E Newton St

Seattle, WA 98102-4041

Thank you. Your support is greatly appreciated!