



# KOKANEE POWER OF OREGON

## OREGON FISHERIES ENHANCEMENT FOUNDATION INC.

### MEMBERSHIP APPLICATION/RENEWAL FORM

Kokanee Power of Oregon is a 501c3 Corporation. Your membership and donations are tax deductible  
**MAIL TO: MEMBERSHIP, P.O. BOX 159, Oregon City, OR 97045**

## PLEASE PRINT CLEARLY

- |   |  |
|---|--|
| <input type="checkbox"/> NEW MEMBERSHIP                                 | <input type="checkbox"/> BUSINESS MEMBERSHIP (\$100.00)                |
| <input type="checkbox"/> RENEWAL  | <input type="checkbox"/> BENEFACTOR MEMBERSHIP (\$250.00)              |
| <input type="checkbox"/> REGULAR MEMBERSHIP (\$35.00)                   | <input type="checkbox"/> SPECIAL BENEFACTOR MEMBERSHIP (over \$250.00) |
| <input type="checkbox"/> SPOUSE INCLUDED (additional \$15.00)           |  |
| <input type="checkbox"/> JUNIOR MEMBERSHIP (\$10.00 15 years and older) |  |

NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SPOUSE BIRTHDAY: \_\_\_\_\_ JUNIOR BIRTHDAY: \_\_\_\_\_

## PAYMENT INFORMATION

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> CASH   | <input type="checkbox"/> VISA       |
| <input type="checkbox"/> CHECK (make checks payable to <b>KOKANEE POWER</b> ) CHECK NUMBER: _____ | <input type="checkbox"/> MASTERCARD |
| <input type="checkbox"/> CREDIT CARD (Visa or MasterCard Only)                                    | Receipt #: _____                    |

NAME: (as it appears on your credit card): \_\_\_\_\_

CREDIT/DEBIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS (if different than above): \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBERSHIP #:

SPOUSE MEMEBERSHIP #:

Revd By:

Event: