

REQUESTED CONTRIBUTION SCHEDULE

Single Membership _____ \$20

Family Membership _____ \$30

Corporate Membership _____ \$150

Adopt-A-Stream Membership _____ \$300

(This membership covers the cost for all tests
at a given stream site for one year)

NAME _____

ADDRESS _____

City State Zip Code

PHONE _____

IS THIS A CHANGE OF ADDRESS YES () NO ()

Would you like to receive the e-mail agenda and minutes of our board meetings? If so, please include your e-mail address if we do not have it. _____

COMMENTS

Please make checks payable to TC/TC WA and mail them to:

TC/TC WA
PO Box 796
Pocono Lake, PA 18347-0796