

Cascade Orienteering Club Membership Form

Date		_New Membership		_Renewal
Name (Pleas	e Print)			
Address				_
City			_State	_Zip
Cell Phone (or Home Phone)			
E-Mail (Pleas	se Print			
Emergency (Contact Phone Nur	nber		
Family Mem	bership Names			
				_
Individual Family/Grou		ck Appropriate Line \$17 \$25 \$5		
Make check	payable to Cascad	e Orienteering Club)	
Mail to:	COC Membership c/o Ing Uhlin 7916-125 th Lane N Kirkland WA 9803			

ing.uhlin@gmail.com

Questions about membership, contact Ing Uhlin:

253/249-6443 OR