



Advisory Membership Application

Name: _____

Representing: _____

Mailing Address: _____

Telephone Number: work: _____ home: _____

Cell: _____ Fax: _____

Email Address: _____ Website: _____

Date: _____

Signature

Print Name

Advisory Committee Membership means:

- You are non-voting advisory member.
- You may not be elected to Board of Directors and Officers.
- May act as a Committee member but not as a Committee Chair.
- Will be placed on the email or other communications list.
- Will give support for the Coalition when requested.
- Will be expected to attend meetings regularly.
- Will abide by the Coalition's Rules of Conduct and the Mission, Objectives and Operating Guidelines.
- Have received copies of the Coalition's Bylaws, Mission, Objectives, Operating Guidelines and Rules of Conduct.

My signature above indicates that I agree with the Northeast Washington Forestry Coalition Mission, Objectives & Rules of Conduct that are attached hereto. I have read and accept the Bylaws of the Corporation.

Mail or FAX to:

Lloyd McGee

P.O. Box 262

Colville, WA 99114

Phone (509) 684-5071 Fax (509) 684-2168