



## Volunteer Association Membership Application

12525 Highway 202, Mist, OR 97016 | (503) 755-2710

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Status applied for:      **Regular**                  **Honorary**                  **Auxiliary**

Hobbies or Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for joining: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, agree to abide by the By-Laws of the Mist-Birkenfeld Volunteer Association and agree to conduct myself in a manner appropriate when representing the Association.

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date