



"An organization is only as influential as the combined input of all its members."  
*Nels Hanson – Past WFFA Executive Director*

**WFFA MEMBERSHIP FORM**

*Or you can visit [www.wafarmforestry.com](http://www.wafarmforestry.com) to complete your enrollment online.*

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ 2<sup>nd</sup> E-mail Address \_\_\_\_\_

Preferred delivery method for the *Landowner News* (please select one): via email \_\_\_\_\_ or by mail \_\_\_\_\_

\*Personal information will be used solely by WFFA for membership purposes and not shared with other associations.

Dues Level (Please Select One)

- 1.  General – Owning 1 - 40 acres \$65 \_\_\_\_\_
- General – Owning 41 - 200 acres \$125 \_\_\_\_\_
- General – Owning 201+ acres \$175 \_\_\_\_\_
- Lifetime (one-time payment) \$1,700 \_\_\_\_\_
- Associate – Not owning forest land \$65 \_\_\_\_\_
- \*\*\* **NEW MEMBER SPECIAL** \$45 \*\*\* \_\_\_\_\_
- 2.  Membership in one local chapter is included with dues.  
 Chapter preference/county: \_\_\_\_\_
- 3.  Additional Chapter Memberships – \_\_\_\_\_ at \$10/chapter: \_\_\_\_\_  
Circle desired additional chapter(s): Blue Mountain, Clark, Cowlitz,  
 Grays Harbor, Kittitas, Lewis, Mt. Adams, NE Washington, North Central,  
 Olympic, Pacific, Pierce, South Sound, Spokane, Upper Puget Sound, Whatcom
- 4.  **Additional Contribution to WFFA** \_\_\_\_\_  
(will be placed in General Fund unless specified below)  
 General \_\_\_\_\_ Investment Fund \_\_\_\_\_  
 Legal Fund \_\_\_\_\_ Scholarship Fund \_\_\_\_\_
- 5.  **TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

Include your check made payable to "WFFA" or fill in your credit card information below:

|  |                   |  |                    |
|--|-------------------|--|--------------------|
| <b>Visa</b>                            | <b>Mastercard</b> | <b>Discover</b>                              | (Circle Card Type) |
| _____                                  |                   |  | (Card Number)      |
| _____ (Month)                          | _____ (Year)      | (Expiration Date)                            |                    |
| _____ (3 Digit Code – On Back of Card) |                   | _____ (Zip Code of Billing Address for Card) |                    |
| _____ (Name As Appears On Card)        |                   |  |                    |

**Please mail this form to: WFFA, PO Box 1010, Chehalis, WA 98532**

Please contact the WFFA office at [info@wafarmforestry.com](mailto:info@wafarmforestry.com) or 360-388-7074 with membership questions.