

WASHINGTON HUNTER EDUCATION INSTRUCTOR'S ASSOCIATION
MEMBERSHIP APPLICATION



Indicate One:

New Member: _____ Renewal: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone No. (____) _____

*** Instructor No: _____ ***Region: 1 2 3 4 5 6

Email address (**print clearly**): _____ Please

indicate activities where you would be willing to help WHEIA:

Board of Directors

Fund Raising

Political Action Committee

WHEIA State Meetings

Air gun Trailer

WHEIA Jamboree

Remarks:

Please indicate fee paid:

Certified Instructor \$20.00

Associate Member

\$20.00

LIFE Member (Instructor Only – Onetime Payment) \$200.00

Make check payable to: WHEIA

Send application to: PO Box 634 Sunnyside, WA 98944

Office use only:

Date received: _____ Check/cash: _____ Card sent: _____ Database entry: _____ Exp date: _____

WHEIA Borad informed all actions complete: _____