## WASHINGTON HUNTER EDUCATION

## INSTRUCTORS ASSOCIATION

## MEMBERSHIP APPPLICATION



INDICATE ONE	: Rene	wal	New Member		
Name: Phone No. <u>(     )</u>					
Address:					
City:		State:	Zip		
*** 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		Fund Raising	Political Action Committee		
WHEIA State Meetings		Airgun Trailer	WHEIA Jamboree	WHEIA Jamboree	
Remarks:					
Please indicate fee	paid:				
Instructor	\$15.00		Associate Member	\$15.00	
LIFE (instructor – one-time payment) \$150.00					
Send application	n and check pa	yable to:			
WHEIA General WHEIA Information:					
PO Box 634 Sunnyside, WA 98944 wheia@motorplex.com					
Office use only:					
Date received	Check/cas	sh Card sen	t Database entry	Exp date	