

Become a Member!

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone(s): _____ Email: _____

Amount Enclosed/Yearly Membership Dues (check one):

\$15 Individual Memberships \$5 Students 18 & Under \$250 Friends of DHS

Would you like to receive information about volunteer opportunities? Yes No

Thank you for your support! Please detach and mail this form to PO Box 385, Duvall, WA 98019