

**APPLICATION FOR MEMBERSHIP
IN THE
CASCADE TREASURE CLUB**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **BIRTHDAY** _____

E-MAIL _____

FOR FAMILY MEMBERSHIP – COMPLETE THE FOLLOWING

NAME OF SPOUSE _____ **BIRTHDAY** _____

CHILDREN _____ **AGE** _____ **BIRTHDAY** _____

_____ **AGE** _____ **BIRTHDAY** _____

_____ **AGE** _____ **BIRTHDAY** _____

_____ **AGE** _____ **BIRTHDAY** _____

_____ **AGE** _____ **BIRTHDAY** _____

NEW _____ **RENEWAL** _____ **DATE PAID** _____

[DUES TO BE PAID UPON SUBMISSION OF APPLICATION]

DUES ARE THE FOLLOWING: _____ **FAMILY MEMBERSHIP \$30.00**

PLEASE CHECK BOX _____ **SINGLE MEMBERSHIP \$25.00**

THE ABOVE INCLUDES MEMBERSHIP DUES FOR THE FMDAC

**IF YOU WISH YOUR NAME OMITTED FROM THE CLUB ADDRESS LIST PLEASE CHECK
HERE** _____

WHAT IS IT YOU ARE LOOKING FOR IN A TREASURE DETECTING CLUB? _____

CLUB MAILING ADDRESS: **CASCADE TREASURE CLUB**
7109 Hazel PL SE
Auburn Washington 98092