



Membership Form

Please print this form, complete it, and mail it with a check for **\$6.00** to:
CCHE, P.O. Box 5941, Vancouver, WA 98668

Date: _____

Please check one: _____ **New Membership** _____ **Renewing Member**

Name _____

Spouse's Name _____

Address _____

City _____ State _____

Zip + 4 _____ - _____

Phone (_____) _____ (please include area code)

E-mail _____

If you have any questions, please call CCHE at (360) 836-4854 or email cche@cchomeed.org

We genuinely appreciate your support! Thank you for your membership!