



# Greater Washington Aquatic Plants Association

## Annual Membership Form

New member

Renewal

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Check type of membership

Regular (\$20.00)

Family (\$25.00)

Student (\$10.00)

Out of State (\$5.00)

**GWAPA USE ONLY**

**Dues received:**

**Membership expiration date:**

**Officer name:**

**Signature:**

**Date:**