

MEMBERSHIP APPLICATION

_____ **\$12 Individual Membership**

_____ **\$15 Household Membership**

_____ **\$15 Organizational Membership**

Name

Contact (if organization)

Address

City, State & Zip Code

Phone

Email

Mail check or money order to:

**Washington State Cemetery Association
6714 Lake Grove St SW
Lakewood, WA 98499**

Let us know if you'd like to volunteer!

I can:

_____ **Do cemetery restoration work**

_____ **Transcribe tombstones**

_____ **Photograph tombstones**

_____ **Research deeds and records**

_____ **Collect GPS coordinates**

**Do you have an idea or suggestion for
the association? Please let us know!**

