



Chinook Pass Cabin Owners Association

and

National Forest Homeowners / Washington State Forest Homeowners Association

2020 Membership Application/Renewal Form

(Even though this is a membership renewal form it can and should be used by everyone to ensure we have correct contact information. The records we keep are beneficial to you as they will only be released upon request by the Forest Service personnel or emergencies services in case there are any problems with or at your cabins or tracts)(See Survey at bottom of back page)

Member Name: _____

Spouse / Co-owner: _____

Street Address: _____

City / State / Zip+4 _____

Home Phone _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Email: _____ @ _____ Check box to share email with members

Tract Name: _____ Lot # _____

USFS Registered Owner Membership (\$75) \$ _____

Associate Membership (\$48) \$ _____ (please complete back of form)
(Non-cabin owners only)

Cabin Defense Fund Donation: \$ _____
(\$50 per year suggested)

Total: \$ _____

Please make checks/money orders payable to:
Mail to:

Chinook Pass Cabin Owners Association
Jim Lundeen / Treasurer
5100 Manor Dr
Yakima, WA 98901-1635

Associates are most often co-owners, family, or friends of CPCOA members. If you are the principle owner, and registered with the USFS as the owner you, yourself, are not eligible to be an associate member. Associate members must be sponsored by a registered owner. There is no restriction on the number of associate members a regular CPCOA member may sponsor. Associate membership is \$48 each. If you have a question about CPCOA / NFH memberships, please don't hesitate to contact the Chinook Pass Cabin Owners Association Treasurer at the above address or via email at jimbolundeen@gmail.com

The National Forest Homeowners website can be found at <http://www.nationalforesthowners.org/>

The CPCOA website is <http://www.cpcoa.com/>

Facebook: <https://facebook.com/pages/Chinook-Pass-Cabin-Owners-Association/404625509649392>

Associate Membership Status Information

Please list the names and addresses of all Associate Members covered by this form: Attach a separate sheet if needed.

Associate Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ (specify home or cell)

Email: _____ @ _____

Please list the names and addresses of all Associate Members covered by this form: Attach a separate sheet if needed.

Associate Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ (specify home or cell)

Email: _____ @ _____

Survey

- I will be willing to serve as a Board Member.
- I would be willing to serve on a committee.
- I would be willing to work on IT matters.
- I would be willing to volunteer for a community work party.