

# North Idaho Operator Section of PNCWA Annual Membership

Date \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Membership Fee: \$10.00 per person

Name	Mailing Address (if different than above)	Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Please send completed forms to:

Marc Branscome  
1630 Ridgeview Drive  
Clarkston, Wa 99403