



# Membership Form

## Ellensburg Rodeo Hall of Fame Association

Date:

Name:

Phone

If Corporate/Organization Name

Phone

Address

City/State

Zip

Email

Donation

Please Check:

- New Member     OR Renewal

### MEMBERSHIP CATEGORIES: Check The Level

- |   |  |
|---|--|
| <input type="checkbox"/> Single (\$35.00 per year)  | <input type="checkbox"/> Corporate (\$100.00 per year)                                       |
| <input type="checkbox"/> Single Lifetime (\$500.00)<br><i>Includes 1 banquet ticket</i>   | <input type="checkbox"/> Corporate Lifetime (\$1500.00)<br><i>Includes 2 banquet tickets</i> |
| <input type="checkbox"/> Family (\$50.00 per year)  | <input type="checkbox"/> Organization (\$100.00 per year)                                    |
| <input type="checkbox"/> Family Lifetime (\$1000.00)<br><i>Includes 2 banquet tickets</i> | <input type="checkbox"/> Other _____   |

Mail With check to:

**Ellensburg Rodeo Hall of Fame Association**  
ERHOF/110 W. 6th, PMB 374/Ellensburg WA 98926