



Fourth Corner Exchange

<i>For Office Use Only</i>	
Coordinator:	
Date entered:	mm / dd / yy
Entered by:	
LD's Credit	
Deposited	mm / dd / yy

Application for Membership

Please be sure to include **all** information so we can process your application promptly

PRIMARY Member Information *(please print):*

Name _____

Address _____

City _____

State _____ Zip _____

Date of birth *(for database security checking)*
(mm/dd/yy) _____ / _____ / _____

Contact information:

Phone: *Primary* (_____) _____

Alternate (_____) _____

Email address: _____

Preferences:

Do you have a preference for a username? _____

How often would you like to receive email updates (circle one)? *Daily Weekly Monthly Never*

FCE yearly dues:	<input type="checkbox"/> Primary Member	\$25	<input type="checkbox"/> Cash
	<input type="checkbox"/> Joint Member	\$5	<input type="checkbox"/> Check no. _____
			<input type="checkbox"/> Online payment
Amount enclosed: _____			
<i>Checks made payable to Fourth Corner Exchange</i>			
Mail to: Fourth Corner Exchange, P.O. Box 28815, Bellingham WA 98228 USA			

Referred By:

How did you hear about Fourth Corner Exchange? _____

PRIMARY Member Agreement:

I have read and agree to abide by the Fourth Corner Exchange Member's Agreement. I certify that I have complied with the requirements for becoming a new member as prescribed on the Fourth Corner Exchange website.

Signed _____

Date *(mm/dd/yy)* _____ / _____ / _____

JOINT Member Agreement:

I have read and agree to abide by the Fourth Corner Exchange Member's Agreement. I certify that I have complied with the requirements for becoming a new member as prescribed on the Fourth Corner Exchange website.

Signed _____

Date *(mm/dd/yy)* _____ / _____ / _____