



PANTRA MEMBERSHIP

DATE: _____

LAST NAME _____ FIRST NAME: _____

PHONE: _____ E-MAIL ADDRESS: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

ANNUAL MEMBERSHIP DUES:

_____ \$20.00 INDIVIDUAL

_____ \$25.00 FAMILY MEMBERSHIP

FAMILY MEMBERS:

\$ _____ MEMBERSHIP ENCLOSED

\$ _____ ADDITIONAL DONATION

\$ _____ TOTAL ENCLOSED

The terms of the membership shall be one year, with the dues assessed annually on May 1st.

MAIL TO:

PANTRA

PO BOX 1662

POST FALLS, IDAHO 83877

www.pantra.org
