



NCSC Membership Renewal /Application

www.NCShorelines.com

Name _____

Spouses Name (optional) _____

Permanent Mailing Address _____

City _____

State _____ Zip _____

Home Phone _____ Cell _____ Other _____

E-Mail _____

***your contact information is solely for the purpose of sending our members newsletters, bulletins and announcements and WILL NOT be made available to other parties. Sharing your e-mail address with NCShorelines will help us keep you better informed and keep mailing costs low.*

Your Shoreline address _____

(if not same as above) City _____

State _____ Zip _____ Phone _____

E-Mail (if not same as above) _____

Annual Membership Dues (Sep-Aug.) \$30.00 per year.

Your pd membership today will cover you through Aug of 2010

Tell us what your thinking. What shoreline issue(s) are you most concerned about?

Send to:

Noxon-Cabinet Shoreline Coalition

PO Box 1466

Trout Creek, MT 59874

Phone 406-827-4632

E-Mail info@ncshorelines.com