

Application for Membership Cowlitz Timber Trails Association

Applicant's Name: _____ Spouse Name: _____

Address: _____ Email: _____

City, State, Zip: _____ Home Phone: _____

How Long: _____ OWN RENT BUYING Work Phone: _____

Are you legally married or have a domestic partnership established by the State of Washington?

Circle One: YES NO

Employment Information

Applicant's

Spouse's

Employer: _____

Employer: _____

Address: _____

Address: _____

City, St, Zip: _____

City, St, Zip: _____

Phone #: _____

Phone #: _____

How Long: _____

How Long: _____

Hobbies

Personal References (List 2)

Name

Phone Number

Relationship

Type of Unit(s) (RV) do you plan to have at CTTA: _____

Why do you think you would be a good member at CTTA (Please list any information you can that would help the Board of Directors in their decision to accept you as a member of CTTA).

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____