



Newlands Water Protective Association

Membership!

Name: _____

Title: _____

Organization: _____

Street Address: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Web Site: _____

Amount Enclosed: \$_____.

Please make checks payable to "NWPA" and mail to:
Newlands Water Protective Association,
P. O. Box 217
Westlake, Oregon 97493.