



WAMEND COALITION MEMBERSHIP INFORMATION FORM

Name of Organization:

Organizational Goals (1-3 sentences):

Organizational Website Address (URL):

Representatives to the WAMEND Steering Committee (1 or 2):

1. Name:

Address:

Email:

Phone:

2. Name:

Address:

Email:

Phone:

Please return this completed form to:

WAmend Coordinator: Jay Heyman info@wamend.org

Or print, complete and mail to:

WAMEND
P.O. Box 17939
Seattle, WA 98127