

LAKE TRASK TIMBER TRAILS ASSOCIATION
PO Box B
Shelton WA 98584
Office: 360-426-5692
Fax: 360-426-0173

MEMBERSHIP RETURN FORM

I/we, _____,
_____, of my/our own free will, choose to relinquish my/our membership at
Lake Trask Timber Trails Association as of this date _____, 2016. This membership is
associated with site/sites # _____. Following is a brief description of this site/sites and a listing of
personal belongings and/or vehicles that are intentionally being left on the
site/sites: _____

- 1) I/we agree to be responsible for any fees incurred to remove garbage and any other material or vehicle
deemed unusable from this site/these sites by Lake Trask Timber Trails Association. _____(initial)

- 2) I/we agree to return the Gold Certificate and gate cards associated with this site/sites. _____(initial)

Member Signature

Member Signature

Member Signature

Member Signature

***NOTE: ALL PERSONS APPEARING ON THE GOLD CERTIFICATE MUST SIGN.**

NOTARY IS REQUIRED.

NOTARY SIGNATURE/DATE