



**Seabeck
Associates**

I/We want to Join Seabeck Associates!

Individual
\$35.00 per year

Family
\$50.00 per year

I/We wish to give an additional tax deductible contribution \$ _____

General Fund

Seabeck
Endowment
Fund

Check

Visa/MasterCard

Money Order

“Our Partners in
Stewardship”

Card Number

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Name _____

Exp

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Signature _____

Address _____

The membership year runs from
January 1st through December 31st

City _____

State/Prov _____

Zip/Postal Code _____

Telephone _____

Email _____

Thank You!

I/We would like more information on how to remember Seabeck in our estate planning.

Please fill out and return the above form to:

Seabeck Conference Center

15395 Seabeck Hwy NW
Seabeck, WA 98380-9583

or fax (360) 830-5504

If you have questions, please call (360) 830-5010
or toll free from Seattle (206) 842-0346