



Capitol Pride  
P. O. Box 243  
Salem, Oregon 97308-0243

## Annual Membership Form

I would like to be an active member of Capitol Pride of Salem, Oregon.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to volunteer! Please contact me!      Yes       No

Visit our Website:                      [www.CapitolPride.org](http://www.CapitolPride.org)

Our Email Address:                      [CapitolPride@Gmail.com](mailto:CapitolPride@Gmail.com)

Stay in Touch:                              [www.Groups.Yahoo.com/Group/CapitolPride](http://www.Groups.Yahoo.com/Group/CapitolPride)