

Ebbetts Pass Community Center, Inc.

aka

“Independence Hall”

Name: _____ Phone # _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____

Annual Dues: \$20.00 Family/Individual. Please make check payable to: Ebbetts Pass Community Center

Check if Membership Renewal Amount Enclosed: Dues: \$ _____ Donation: \$ _____