



Wichita Mountains Climbers Coalition (WMCC) Membership Application

Yes! I wish to join the WMCC.

PLEASE COMPLETE THIS FORM AND PRINT CLEARLY

\$5 (One year) \$10 (Two years) \$15 (Three years) \$20 (Four years)

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: (____) _____

E-Mail: _____

Please check one of the following boxes:

- Enclosing a check. Make check payable to **Wichita Mountains Climbers Coalition**.
- Pay via your PayPal account (plus 5% transaction fee). We will email you a payment request/invoice.

Print and mail this membership form to:
Wichita Mountains Climbers Coalition
P.O. Box 77, Norman, OK 73070

Thank you for your support!