



Please join us or re-join by filling out the form below and mailing it to the address listed at the bottom.

Your full name _____

Address _____

phone # () _ _ _ - _ _ _ _

E mail address _____

Membership \$27 .00 (please check one) Renewal New

Associate Membership \$10.00 Renewal New

We operate on a calendar year and membership per capita must be sent to the county RWF by the tenth of each month. Invite a friend to join too.. A receipt and new membership card will be sent to you.

Make your checks payable to DHSRWF

Please send this form and your dues to:

Mrs. Donna Richardson
9001 De Vincenzo Ct., Desert Hot Springs, CA 92240
329-6022 dnkrich53@aol.com