



West Medford Community Coalition Membership Application

Please complete and submit with the \$5 annual membership fee and mail to:

**West Medford Community Coalition
attn: Secretary
PO Box 8150
Medford, OR 97504**

Name: _____

Address: _____

Telephone #: _____

Email: _____

Name 3 outcomes you would like to see the Coalition accomplish:

1. _____

2. _____

3. _____

