TRADITION CREEK
CABIN PROVISIONS & WILDERNESS SUPPLIES

Not-For-Profit Organization Discount Program Application

Organization Name: _____

Entity Type: 501c3 501c4 Other: _____

Federal ID Number: _____

Is your Organization Tax Exempt: *(circle one)* Y N

Mailing Address: _____
City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

Website: _____

Contact Name: _____

Telephone: _____

Email: _____

Describe your organization's mission:

_____
_____
_____
_____

Estimated Number of Members: _____

Year Formed: _____

I certify that the above information provided is true and correct to the best of my knowledge and ability:

_____
Signature Title Date