



MEMBERSHIP APPLICATION

Type of Membership: Professional¹ Associate¹ Senior Professional¹ (62+ yrs) Student²

Please see website for membership details. ¹ Proof of credential required. ² Proof of enrollment required.

MEMBER INFORMATION (Please Print Clearly)

First Name: _____ M.I. _____ Last Name: _____

Company: _____

Address1: _____ Address2: _____

City: _____ State: _____ Zip-Code: _____

Member Phone1: _____ Member Phone2: _____

Member e-Mail: _____

BUSINESS INFORMATION (Please Print Clearly)

Address1: _____ Address2: _____

City: _____ State: _____ Zip-Code: _____

Business Phone: _____

Business e-Mail: _____

Website: _____

Business Area, City: _____

PRACTITIONER VERIFICATION (Please Print Clearly)

WA State Credential #: _____

MEMBERSHIP ACCEPTANCE

Click this link to review and accept our **Code of Ethics**. <http://bit.ly/9nvsFq>

"I certify that I have read and freely agree to the terms of the Code of Ethics." Yes No

(If 'No' is selected, your Membership Application will be automatically rejected.)

Mail completed Membership Application and Fee to:

WAPROCA

PO Box 99324 • Seattle, WA • 98139-0324

(206) 376-0874 phone/fax • www.waproca.org • membership@waproca.org