



# MEMBERSHIP APPLICATION

## Type of Membership:

Professional<sup>1</sup>  Associate<sup>1</sup>  Senior Professional<sup>1</sup> (62+ yrs)  Student<sup>2</sup>  Supporting Member

*Please see website for membership details.*    <sup>1</sup> Proof of credential required    <sup>2</sup> 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: \_\_\_\_\_

## **PRACTITIONER VERIFICATION** (Please Print Clearly)

WA State Credential #: \_\_\_\_\_ Expires: \_\_\_\_\_

## **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 application will be automatically rejected)

**MAIL YOUR COMPLETED APPLICATION AND FEE TO:**

**WAPROCA**

PO Box 99324 • Seattle, WA • 98139-0324

waproca.org • membership@waproca.org • (206) 289-0874