



WeCA MEMBERSHIP APPLICATION (Please print and fill out completely)

Website: www.weca14.org

NAME _____ JOB TITLE _____

AGENCY _____ DATE: _____

MAILING ADDRESS _____ Home or Work

CITY _____ STATE/PROV. _____

ZIP/POSTAL CODE _____ WORK PHONE # _____ HOME/CELL# _____

E-MAIL ADDRESS _____ FAX# _____

Please check one: New Member Renewal

Please check one: Individual \$15.00 (US) yearly
 Agency \$30.00 (US) yearly
 Affiliation 50.00 (US) yearly

Please check any committee on which you would like to participate:

<input type="checkbox"/> Membership	<input type="checkbox"/> Publicity	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Finance	<input type="checkbox"/> Conference Planning
<input type="checkbox"/> Constitution	<input type="checkbox"/> A.C.A.	<input type="checkbox"/> Historical	<input type="checkbox"/> Resolutions	<input type="checkbox"/> Professional Development
<input type="checkbox"/> Institute	<input type="checkbox"/> A.P.P.A.	<input type="checkbox"/> Awards	<input type="checkbox"/> Nominations	

TO JOIN OR RENEW MEMBERSHIP MAKE CHECKS PAYABLE TO WeCA & MAIL TO:

James M. Riker - Membership Chair
1324 Edgewood Ave.
Shelton, Washington, 98584
360-426-6226