

## WACTA 2009 MEMBERSHIP APPLICATION

WACTA 2009 MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name
Chinese Name (please print or write):		
Current address:		
City:	State:	ZIP Code:
Date of birth:	Home Phone:	Work Phone:
Mobile:	Email:	Gender (F/M)
Skill Level: 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0+ (Please circle)		
MEMBERSHIP TYPE		
Single Membership (\$10):		
Family Membership (\$15):		
5-Year Membership (\$70):		
SPOUSE INFORMATION IF FAMILY MEMBERSHIP		
First Name:	Middle Name:	Last Name
Chinese Name (please print or write):		
Current address:		
City:	State:	ZIP Code:
Date of birth:	Home Phone:	Work Phone:
Mobile:	Email:	Gender (F/M):
Skill Level: 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0+ (Please circle)		
CHILD INFORMATION IF FAMILY MEMBERSHIP		
First Name:	Middle Name:	Last Name
Chinese Name (please print or write):		
Current address:		
City:	State:	ZIP Code:
Date of birth:	Home Phone:	Work Phone:
Mobile:	Email:	Gender (F/M):
Skill Level: 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0+ (Please circle)		
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Date of birth:	Home Phone:	Work Phone:
Mobile:	Email:	Gender (F/M):
Skill Level: 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0+ (Please circle)		
SIGNATURES		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of applicant:		Date:
Signature of spouse (Family membership):		Date:
WACTA P.O. Box 1122 Rockville, MD 20849, or PO Box 771, McLean, VA 22101-0771 <a href="http://WWW.WACTA.ORG">WWW.WACTA.ORG</a>		