

## WACTA 2009 MEMBERSHIP APPLICATION (RENEWAL)

### APPLICANT INFORMATION

Membership #:

First Name:

Middle Name:

Last Name

Chinese Name (please print or write):

### PLEASE COMPLETE ANY ADDRESS OR TELEPHONE CORRECTION BELOW (IF CHANGED)

Current address:

City:

State:

Zip Code:

Home Phone

Work Phone:

Mobile:

Email:

### MEMBERSHIP TYPE

Single Membership (\$10):

Family Membership (\$15):

5-Year Membership (\$70):

### 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 *(only if for a joint membership):*

Date:

#### WACTA

P.O. Box 1122 Rockville, MD 20849, or

P.O. Box 771, McLean, VA 22101-0771

[WWW.WACTA.ORG](http://WWW.WACTA.ORG)