



WBCA MEMBER APPLICATION

Please **clearly** print your name(s) as you wish it to appear in the Directory. *Required fields.

*DATE: _____

*NAME(S): _____

(Please list all member names)

*MAILING/STREET ADDRESS: _____

*CITY: _____ STATE: _____ *ZIP: _____ - _____

WARM BEACH STREET ADDRESS *(if different than mailing)*: _____

TELEPHONE	Do Not List	Email	FIRST NAME	Do Not List

Note: Sound Waves Newsletter and WBCA Member Directory will be emailed to available addresses.

- Please check box if you **require** receiving **Sound Waves Newsletter** by US mail.
- Please check box if you **prefer** receiving **WBCA Member Directory** by US mail.

NOTE: Membership Dues for January 1- December 31 payable by February 15th of each year.

- \$18 for the first member (18 or older) of a household: \$ 18
- \$12 for each additional adult member at the same address: Add'l Adults ____ x \$12 \$ ____
- Total:** \$ ____

Enclosed is a check for \$ _____

Please make your check payable to: **WBCA**

Enclose check with this form and mail to:

WBCA
P.O. Box 811
Stanwood, WA 98292

Payment by credit card for \$ _____ via PayPal: <https://www.paypal.me/wbcastanwood>

Referred by: _____

You can scan or photograph this completed form and email it as an attachment to wbcassociation@gmail.com