



WSHMMA Membership questions:

Name:

First
Last

Company:

Address:

street
city
State
Zip code

Phone number

email address:

Choose one

single membership= #25	
or 3 for 2= \$50	
or 5 for 3 = \$75	
or 6 for 4 = \$100	
or corporate rate >6 to 12= \$125	

Deadline is 12/31/11

5 new memberships-WSHMMA 2012 Conference Registration
10 new memberships- AHRMM membership

	Yes	No
1 AHRMM Member		
2 CMRP		
3 FAHRMM		
4 AHRMM committee		
5 if yes, which one?		
6 New Member		
7 Renew		

Fill out questions for each applicant

Send Application with payment to:

WSHMMA Office

P.O. Box 44838

Tacoma, Washington 98448-0838