

**AFFILIATE  
MEMBERSHIP APPLICATION**



*For suppliers of goods and services to the collection industry.*

**Company Information:**

Name of Company		Date of Application	
Street Address	City	State	Zip Code
PO Box	City	State	Zip Code
Contact Person	Title	Trade Show Coordinator	
Phone	Toll free phone	Fax	
Email address	Website	How long in business?	

**List Names and Addresses of two Collection Agencies you currently serve:**

Name	Contact		
Street Address	City	State	Zip Code
Phone	Fax		
Name	Contact		
Street Address	City	State	Zip Code
Phone	Fax		

**Please describe in detail the services or goods your company provides to collection agencies:**

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**ANNUAL MEMBERSHIP FEE: \$200.00**

Contributions or gifts to the Washington Collectors Association, Inc. and affiliated units are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of the Association's lobbying activities.

Signed \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application and check to:**

Washington Collectors Association, Inc  
Attn: Membership  
c/o Bedlam Associates Inc.  
PO Box 870  
Woodinville WA 98072

**WCA use only:**  
ID # \_\_\_\_\_ Pending Date \_\_\_\_\_  
Effective date of membership \_\_\_\_\_  
Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_