



WASHINGTON Collectors Association

ASSOCIATE MEMBERSHIP APPLICATION

Associate Information **New Applicant** **Change of Ownership**

Please Print

Business Name (DBA):

Date Of Application:

Legal Name, if Different From Above:

Year Started:

Officer/Manager/Contact Name and Title:

Years Under Present Ownership:

Street Address:

City:

State:

Zip Code:

P O Box:

City:

State:

Zip Code:

Company Phone:

Company Fax:

Company or Contact E-Mail:

Company Web Address:

OWNERSHIP TYPE:

Sole Proprietor

Partnership

Corporation

Privately-held

Public

Limited Liability Co.

Other:

ACA International #:

ACA Membership Category:

Owner or Manager Signature

Date

Membership dues are \$200.00 annually.

Please mail application and check to:

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