



## 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