



Institutional Membership Application Washington Chapter of APPA

Institution

Address

City

State

Zip Code

Office Telephone Number

Main Contact:

Name & Title of Institutional Representative

Telephone Number

Email Address

Additional Associates:

Name & Title of Additional Associate

Telephone Number

Email Address

Name & Title of Additional Associate

Telephone Number

Email Address

Name & Title of Additional Associate

Telephone Number

Email Address

Name & Title of Additional Associate

Telephone Number

Email Address

Annual Dues: \$50.00 (Institutional Representative); Each Additional Associate (no fee)

Total Enclosed: \$ _____

Make check payable to Washington APPA

Please send completed form and check to:

914 164th Street SE
Suite B12 #452
Mill Creek, WA 98012

For questions:

Melinda Nelson: 425-444-1447; E-mail: mnelson@teammnelsoninc.com