

ACOW New Member and Annual Dues Renewal Form

Last Name	First Name	Middle Initial
Home Address		City/State/Zip
Company Name		Title
Business Address		City/State/Zip <input type="checkbox"/> Principal, or
Home Phone		Business Phone
Email		Preferred Mailing Address
Email 2		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Email Only

Certification/License Numbers *	
WA	270-1 ___ 1 _____
___	_____
___	_____
___	_____

Districts **	
Washington Legislative District	[]
US Congressional District	[]

** To assure proper CE crediting and to know which states course approval is needed from.*
*** These may be found on your voter registration card*

How did you hear about us?

Member Referral
 Education Program
 Mailing
 Newsletter
 Other: _____

I wish to join ACOW. Enclosed is my \$45 membership fee. \$ _____
 I wish to make a donation to ACOW. \$ _____
 I wish to renew my annual membership. Enclosed is my \$45 check. \$ _____
 Total check/money order enclosed: \$ _____
 I am an Appraisal Institute associate member

**NOTE: this is a required field, we cannot process your registration without this information

Your contribution to ACOW is considered a lobbying expense and, as such, is non-deductible.

Signature
Date

Please send completed application with check to:
 ACOW Membership
 6351 Seaview Ave. NW
 Seattle, WA 98107

