

# 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 \_\_\_\_\_  Principal, or

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Preferred Mailing Address

Email 2 \_\_\_\_\_  Home  Business  Email Only

<b>Certification/Licence Numbers *</b>	
WA	270-1 __ 1 _____
_____	_____
_____	_____
_____	_____

<b>Districts **</b>	
Washington Legislative District	<input style="width: 60px; height: 25px;" type="text"/>
US Congressional District	<input style="width: 60px; height: 25px;" type="text"/>

*\* 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 \$25 membership fee. \$ \_\_\_\_\_

I wish to make a donation to ACOW. \$ \_\_\_\_\_

I wish to renew my annual membership. Enclosed is my \$25 check. \$ \_\_\_\_\_

Total check/money order enclosed: \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send completed application with check to:

ACOW Membership  
 6351 Seaview Ave. NW  
 Seattle, WA 98107

**A.C.O.W.**  
 Appraisers' Coalition  
 of Washington