

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 \$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: \$ _____
 I am an Appraisal Institute associate member

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

71% of contributions made to the Appraisers Coalition of Washington support our lobbying efforts and, as such, that percentage of your contribution is not tax deductible.

Signature
Date

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

