



Membership Application

I, the undersigned, hereby make application for membership, and if accepted, I agree to abide by the Code of Ethics and the Articles of Incorporation of the Washington Hispanic Media Association, perform all requested duties and support the association to the best of my abilities: I understand the membership fee shall cover the period:

From _____ to _____

I. Company and Contact Information

This information will be published on the WAHMA online business directory and our printed directory

Company Name:

Type of Business:

Contact Person:

Title:

Phone:

Mailing Address:

City: <input style="width: 98%; border: 1px solid black;" type="text"/>	Zip Code: <input style="width: 98%; border: 1px solid black;" type="text"/>
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Website:

Contact Person E-mail:

Company-wide E-mail:

Preferred Communication	Phone	Fax	E-mail	Mail
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II. Membership Category

NEW	RENEWAL
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Please select

CORPORATION	\$ 500.00 (10 members 5 Votes)	SMALL BUSINESS \$ 250.00 (5 Members 5 Votes)
INDIVIDUAL	\$100.00 (1 Member 1 Vote)	SMALL BUSINESS \$ 150.00 (3 Members 3 Votes)
STUDENT	\$ 25.00 (No Vote)	NON-PROFIT \$ 150.00 (3 Members No Vote)

Although WHAMA intends to meet all of its goals; a circumstance may arise that would prevent the execution of such goals. If such a happening occurs, WAHMA shall not be responsible or liable for any dispute or claims arising. Membership benefits are not guaranteed and could vary depending on the circumstances and decisions made by the Board of Directors through a majority vote. WAHMA's Articles of Incorporations and the Code of Ethics can be downloaded from www.wahma.net. The Board of Directors highly recommends ALL members to be familiar with these documents. WAHMA's Board of Directors reserves the right to approve or disapprove the membership of a particular individual, corporation or organization without limitation.

Applicant's Signature

Date

Board Approval

If mailed please send to **P.O. Box 6625 Lynnwood WA 98036**