

MEMBERSHIP APPLICATION

I understand and agree that if my application for membership is accepted, by signing below, 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. COMPANY AND CONTACT INFORMATION

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

Name of the company

Type of media:

Website:

Contact person:

Title:

Phone:

E-mail:

Mailing address:

City:

Zip Code:

II. MEMBERSHIP CATEGORY

Please select:

NEW

RENEWAL

CORPORATION ▶ \$500.00 (5 members 5 Votes)

SMALL BUSINESS ▶ \$250.00 (5 members 5 Votes)

SMALL BUSINESS ▶ \$150.00 (3 members 3 Votes)

NON-PROFIT ▶ \$150.00 (3 members 3 Votes)

INDIVIDUAL ▶ \$100.00 (1 member 1 Vote)

STUDENT ▶ \$25.00 (1 member 1 Vote)

Names of additional members:

2nd member

3rd member

4th member

5th member

WAHMA is recognized as a non-profit 501(c)3 organization by the U.S. Internal Revenue Service. WAHMA's Articles of Incorporations and its Code of Ethics can be downloaded from www.wahma.org 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, vration or organization without limitation.

Applicant's Signature

Date

Board Approval

Please send this application to: **WAHMA Membership P.O. Box 24343 Seattle, WA 98124- 0343**