



Washington Science Fiction Association
Membership Application
(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

E-Mail: _____

Phones: Home: (____) ____ - _____ Cell: (____) ____ - _____

I, the undersigned, hereby apply for membership in the Washington Science Fiction Association, Inc. (WSFA), and agree that my participation in WSFA shall be in accordance to WSFA's Articles of Incorporation and Bylaws as passed in May 1998, and as subsequently amended.

Signature: _____ Date: ____/____/____

Sponsor: _____ Date: ____/____/____

Signature: _____

I, as a Trustee of WSFA approve this application:

Signature: _____ Date: ____/____/____

As an Officer of WSFA, I have accepted the sum of \$____ from this new member of WSFA as payment for dues covering the period from ____/____/____ to ____/____/____.

Name: _____ Office: _____

Signature: _____ Date: ____/____/____
