



WASHINGTON STATE TAX CONSULTANTS

Membership Application

Certificate # Issued _____

OFFICE USE ONLY

Complete and mail or fax your application to WSTC Support Office.

Your information will be published in the WSTC Directory, and, if you agree, on the membership web page.

Publish your information in / on...?

	WSTC Directory	www.wstctax.org
Name: _____	Published <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: _____	Published	Not Published
City, State: _____, _____	Published <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Code: _____ - _____	Published	Not Published
☎ Bus. Phone ^{1,2} : (____) _____ - _____ Ext: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
☎ Fax Number: (____) _____ - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Published
☎ Home Phone ¹ : (____) _____ - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Published
✉ email address ² : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1 - At least one contact phone number is required for the WSTC printed Directory.

2 - At least one contact is required for the Web, either a phone number or an email address.

▶ How did you learn about WSTC? _____

▶ Type of related tax practice (please check all that apply):

- Accountant Attorney CFP CPA
 EA LTC Tax Practitioner Other: _____

▶ Please choose the chapter you wish to join:

- Cowlitz – Longview Northwest – Mount Vernon South Sound – Olympia
 Kitsap – Silverdale South King – Tukwila Please call me.
 Puyallup – Puyallup Vancouver – Vancouver, WA
 Tacoma – Tacoma Emerald City – Seattle

I hereby apply for membership in a local chapter the Washington State Tax Consultants (WSTC). I agree to abide by the **Bylaws** of WSTC and to conduct my tax practice in strict conformity to the **Code of Ethics** and rules of professional conduct set forth by WSTC.

Signature _____

Date _____

▶ Annual Membership Dues – \$90 (July 1 – June 30)

If applying after December 31 and before July 1, inquire about reduced membership dues.

DaynaGarner@comcast.net

Phone: (253) 859-8567

Fax: (253) 854-8170

Check enclosed (Please make your check payable to WSTC)

Visa Master Card American Express # _____ Expiration (mm/yy): ____ / ____

Credit Card Holder's Name _____

Credit Card Holder's Signature _____

✉ Mail Your Membership Application to:

Dayna Garner
 c/o Capital Accounting & Tax Services, Inc.
 524 W Meeker Street, Ste 6
 Kent, WA 98032

Contact the WSTC Support Office:

☎ (253) 859-8567
 ☎ (253) 854-8170 (Fax)
 ✉ DaynaGarner@comcast.net