



Washington
Association of
Maintenance
and
Operations
Administrators

WAMOA MEMBERSHIP APPLICATION

Name/Last: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

ESD School Districts: _____

Business Organization: _____ Type of Business: _____

Title: _____

Office Phone: _____ Fax: _____

E-mail: _____ Web Page: _____

Membership Duration

New members who sign up for both membership and the Fall Conference will be considered members through the remainder of the existing and the following year as well.

New members who sign up prior to the Fall Conference will be considered members for the present year only.

New members who sign up after the Fall Conference will be considered members through the existing year and the following calendar year as well.

Annual Member Dues: \$60.00

Mail Completed application with check or Purchase Order payable to:

WAMOA Office

PO Box 2724

Yakima, WA. 98907

FAX: (509) 697-4254

Membership inquiries can be made to the WAMOA Office at office@wamoa.org or (509) 697-4262