

Wyoming Counseling Association Membership Registration Form



Name: _____

Personal Email Address: _____

Work Email Address: _____

Address (where you would like to receive mailings): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

Membership Dues (please checkmark the appropriate membership registration level)

_____ \$50 WCA Professional Membership Dues

_____ \$25 WCA Associate Member Dues

Total Amount Due: _____

Check # _____ Payable to Wyoming Counseling Association

Purchase Order Number _____ Vendor Name _____

Please Send Payment Amount Above with Registration Form to:

WCA c/o Julie Lajb

2236 Steadman Street

Cody WY 82414

Fax: 307-587-9755

For Member Registration Questions, Contact Julie at jlajb@bresnan.net or (307) 259-7718.

Or if you'd prefer complete both payment and registration information online on our website at:

<http://www.wyomingcounselingassociation.com>