



Washington State Society of Healthcare Attorneys



Membership Application and Dues Notice

If you qualify (see statement below) and desire to be a Washington State Society of Healthcare Attorneys member for the 12 months ending April 30, 2012, please complete and return this form with a check for **\$50.00** to:

Washington State Society of Healthcare Attorneys
c/o Nancy Ricci
13209 Newcastle Way, Bldg. B - #204
Newcastle, WA 98059

NOTE: If you joined WSSHA after January 1, 2011 you are not required to pay dues again, but please submit a new application for the records, noting the date of your original application.

(Please type or print the form below or simply attach your business card.)

Name: _____ Title _____

Company Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone _____ Fax: _____

E-Mail: _____

By signing below, I attest that I am an attorney admitted to practice in the State of Washington and that I meet any one of the following criteria: (a) I represent a health care-related entity, (b) I am employed by a health care-related entity, (c) I teach a health care-related area of the law, or (d) I otherwise practice in, or seek practice in, a health care-related area of the law.

Signature

WA State Bar #

Date