



WASHINGTON STATE PATENT LAW ASSOCIATION

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MEMBERSHIP APPLICATION

Please Type or Print This Form

Name (Mr./Ms.) _____

Firm, corporation or other affiliation, if student, write in name of law school: _____

Mailing address _____

Telephone _____ Fax _____ E-Mail _____

Membership & Dues Levels for the 2011-12 Year

Attorney - \$ 60.00. Bar No.: _____

Associate (Paralegals, legal secretaries, office assistants, IP staff) - \$ 30.00

Law Student - \$ 15.00.

(Associate and student members are non-voting and ineligible for board positions, but can attend all programs at membership or student rates.)

Please include payment: [] Check Credit card: [] Visa or [] MasterCard

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Billing address for credit card (if different from above): _____

Signature: _____

Please mail or fax your application. See above for addresses, etc.

Note: Please keep WSPLA updated with your current contact information. Send changes to Yvonne Gitchel at the above address or email to Yvonne@exec-supportadvantage.com.

Thank you.