



Washington State Tax Consultants

Membership Application

Certificate #
Issued: _____
OFFICE USE ONLY

Complete and mail or fax your application to the contact shown at the bottom of page. www.wstctax.com

Name: _____
Business Name: _____
Mailing Address: _____
City, State: _____
Zip Code: _____
Business Phone: () _____
Fax Number: () _____
Home Phone: () _____
Cell Phone: () _____
Email Address: _____
*** PTIN: _____

➤ How did you hear about WSTC? _____

➤ Type of related tax practice (please check all that apply):
 Accountant Attorney CFP CPA RTRP
 EA LTC Tax Practitioner Other: _____

➤ Please choose the chapter you wish to join:
 Cowlitz – Longview Emerald City – Seattle Kitsap – Silverdale
 Northwest – Mt Vernon Puyallup – Puyallup South King – Tukwila
 South Sound – Olympia Tacoma – Tacoma Vancouver – Vancouver, WA
 Please call me.

I hereby apply for membership in a local chapter of 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 - \$100 (January 1 – December 31)

Check enclosed (Please make check payable to WSTC)
 VISA M/Card AMEX # _____ Exp ___ / ___

Credit/Debit cardholder's name

Credit/Debit cardholder's signature

✉/Mail your Membership Application to:
Charles Seablom
1095 NW Cathlamet Dr
Oak Harbor, WA 98277

OR Email or Fax application to:
Contact information:
Ph (360) 929-3437
Email: charlie.seablom@gmail.com