



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.
Your information will be published in the WSTC Directory and on the membership website unless otherwise indicated.

Publish your information in / on...?
WSTC Directory www.wstctax.com

Name:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name:	_____		
Mailing Address:	_____		
City, State:	_____		
Zip Code:	_____		
Business Phone: 1, 2 (____) _____ - _____ Ext _____			
Fax Number: (____) _____ - _____			
Home Phone: (____) _____ - _____		Not Published	Not Published
Cell Phone: (____) _____ - _____			
Email Address: 2 _____			

1 - At least one contact phone number is required for the WSTC printed Directory.
2 - At least one contact is required for the Web, either a phone number or an email address.

*** PTIN: _____ (Not Published)

➤ 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 - \$90 (July 1 - June 30) If applying after December 31 and before July 1, inquire about reduced membership dues.

- Check enclosed (Please make check payable to WSTC) CVV Code: _____
 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 FAX: (360) 675-3239
Email: charlie.seablom@gmail.com