

Local Agency Membership Application/Renewal

Please fill out the following fields:
☐ New Member

☐ Renewing Member

Agency Name _____

WIC Coordinator _____

Title _____ Credentials _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____ Fax Number _____

Email Address _____ Website Address _____

National WIC Association (NWA) 2016 Membership runs January 1, 2016 through December 31, 2016. Please use the chart below to determine your dues for the 2016 membership year.

Number of Participants	Corresponding Member Dues*
1 - 7,000	\$50
7,002 - 14,000	\$100
14,001-28,000	\$200
28,001 - 42,000	\$300
Over 42,000	\$400

Fill in your average monthly participation for 2015: _____

Fill in your corresponding membership dues: \$ _____

Please Select Payment Method:
☐ Check (Payable to NWA Tax ID: 521482678), Check # _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit Card #: _____ CVC: _____ Exp. Date: _____

Name on Credit Card _____ Signature: _____

Credit Card Billing Address _____

☐ Bill Me: Invoice should be emailed to _____

Please send application and payment to: National WIC Association
Attn: 2016 Membership
2001 S Street NW, Suite 580
Washington, DC 20009

Or fax to 202-387-5281

*As of April 2004, the Voting Membership directed the Treasurer and President/CEO to establish an annual dues schedule for NWA Local Agency Members that assess local agencies based on assigned to average monthly participation or caseload.