

## **To Join SWABH or Renew Your Membership:**

Please complete this form and mail it along with the verification necessary for your membership type.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(Email is REQUIRED to receive SWABH newsletter)

***Note:** SWABH membership year runs from May 1 to April 30. If you are joining between November 1 and April 30, your membership fee is prorated to ½ the membership cost (\$30) and you will renew at the full rate (\$60) during the next SWABH membership year.*

### **To join or renew your membership provide the following:**

- Completed Membership Application/Renewal Form (all members)
- Website directory release form (all new members)
- Website information form (all new members and renewing members who want changes to their SWABH directory information)
- A copy of your current license (All members)
- A copy of your diploma (New provisional members only)
- A signed statement that you are working toward licensure from your supervisor (Provisional members only)
- A copy of your professional liability insurance policy with the name of the carrier, insurance effective date, and expiration date (all members)
- A check for membership dues made payable to SWABH in the amount of \$60.00 (all members)

### **Mail all membership/renewal materials to:**

SWABH, Membership Chair  
PO Box 1303  
Olympia, WA 98507

### **Note about inclusion in the SWABH website directory:**

The online directory is updated two times a year in the months of November and May. To be included in the directory all membership materials must be submitted by October 1st for the November additions and April 1st for the May additions.

***Thank you for being a SWABH member!***