

SWABH Membership Renewal Instructions

To renew your SWABH membership, please complete this form and mail it along with the verification necessary for your membership type:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(email is necessary to receive SWABH newsletter)

Provider and institutional members

- A copy of your license.
- A copy of your professional liability insurance policy with the name of the carrier, insurance effective date, and expiration date
- A check for annual membership dues for the 2010 calendar year, made payable to SWABH in the amount of \$60.00.
- A copy of the website information form, if you want any changes made to your SWABH webpage.

Provisional members

- Either a copy of your associate license (LMHCA, LMFTA, LSWAA, LSWAIC) **OR** a copy of your Counselor Registration and a signed statement that you are working toward licensure from your supervisor.
- A copy of your professional liability insurance policy with the name of the carrier, insurance effective date, and expiration date
- A check for annual membership dues for the 2010 calendar year, made payable to SWABH in the amount of \$60.00.
- A copy of the website information form, if you want any changes to your SWABH webpage.

Student Members

- A check for annual membership dues for the 2010 calendar year, made payable to SWABH in the amount of \$15.00.

Mail all renewal materials to:

Eva Rooks, Membership Chair
4646 Oyster Bay Rd NW
Olympia, WA 98502