

## PSCASN Agency Membership Application

**Agency:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Agency City, State, Zip:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

**Agency Website Address:** \_\_\_\_\_

**Agency CEO:** \_\_\_\_\_

**Accreditation Manager (If Any):**

\_\_\_\_\_

**Accreditation Contact:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Instructions:**

Please complete this membership application, and you will be invoiced for \$50 per agency / per year. Your agency / members will have access to a wide variety of services and membership privileges.

Mail or email completed application to:

Mary Sue Robey  
C/O Valley Communications Center  
27519 108 Avenue SE  
Kent, Washington 98030  
[marysuer@valleycom.org](mailto:marysuer@valleycom.org)