

## 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)