



# WESTERN ASSOCIATION OF COURT ADMINISTRATORS 2025 MEMBERSHIP APPLICATION FORM

Date: \_\_\_\_\_

First-Time Member: \_\_\_\_\_ Previous Member: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Initial Last

Other names that you may have been listed under: \_\_\_\_\_

If a new clerk, list the name of clerk that you are replacing: \_\_\_\_\_

Previous clerk:  Retired  Transferred to another court  Other \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_ (This will be your WACA Member ID #)

Name of Court: \_\_\_\_\_

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

City: \_\_\_\_\_ MISSOURI ZIP: \_\_\_\_\_

County: \_\_\_\_\_ MACA Region #: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Ext. #: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Years of Service: \_\_\_\_\_

CCA (Certified Court Administrator):  Yes ( \_\_\_\_\_ )  No  
year received

MACCA (MACA Advanced Court Administrator):  Yes ( \_\_\_\_\_ )  No  
year received

ACCA (Advanced Certified Court Administrator):  Yes ( \_\_\_\_\_ )  No  
year received

CPC (Certified Prosecutor Clerk):  Yes ( \_\_\_\_\_ )  No  
year received

Title/Position: \_\_\_\_\_

Municipal  Associate  Circuit  Other: \_\_\_\_\_

**MEMBERSHIP DUES IN THE AMOUNT OF \$40.00 DUE BY JANUARY 1ST OF EACH YEAR**

MAKE CHECK PAYABLE TO: **WACA**

MAIL TO: Sarah Collins  
Richmond Municipal Court  
205 Summit Street  
Richmond, MO 64084

### FOR WACA USE ONLY

Date payment received: \_\_\_\_\_ Amount received: \_\_\_\_\_ Check #: \_\_\_\_\_

Paid By:  CITY  SELF

FULL MEMBER  ASSOCIATE MEMBER

*Full members receive WACA Membership status and may participate in WACA trainings, voting and serve as a WACA Board Member.*