



# WESTERN ASSOCIATION OF COURT ADMINISTRATORS 2024 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: Yes ( ) [ ] No ACCA: Yes ( ) [ ] No  
Year Received Year Received

Court Title: \_\_\_\_\_

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

**MEMBERSHIP DUES IN THE AMOUNT OF \$40.00 ARE DUE BY JANUARY 1<sup>ST</sup> OF EACH YEAR**

MAKE CHECK PAYABLE TO: WACA

MAIL TO: WHITNEY WEBER  
203 PAUL STREET  
PLEASANT HILL MO 64080

**FOR WACA USE ONLY**

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

Paid By: [ ] City [ ] Self

Full Member: [ ] Associate Member: [ ] Prosecutor Clerk/Assistant or Police Records: [ ]

Full Members Receive WACA Membership status and may participate in WACA trainings, voting and serve as a WACA Board Member.

Associate Members Receive Associate Membership status and may participate in WACA meetings.

EX: PA clerks/assistants, police records clerks, court clerks from other MACA regions or legal assistants that would like to participate in WACA trainings.