WESTERN ASSOCIATION OF COURT ADMINISTRATORS

MEMBERSHIP APPLICATION FORM

Membership Year: _____

Today's Date: _____

First Time Member: _____ **Previous Member:** _____

Name: _____

Other names that you may have been listed under: _____

If a new clerk, list the name of the clerk you are replacing: _____

Previous Clerk: ☐ **Retired:** ☐ **Transfer to another court:** ☐ **Other** _____

Member ID: (last 4 of SSN) _____

Name of Court: _____

Mailing Address: _____

City: _____ **Missouri** **Zip Code:** _____

County: _____ **MACA Region #:** _____

Phone No. ( )_____ **EXT:** _____ **Fax:** ( )_____

E-mail Address: _____

Years of Service: _____

Have you received any of the following certifications: Yes: ☐ **No:** ☐

CCA/CPC (Certified Court Administrator/Certified Prosecutor Clerk) **Yes:** ☐ **Year Received:** _____

MACCA/MACPC (MACA Advanced Court Administrator/Advanced Prosecutor Clerk) **Yes:** ☐ **Year Received:** _____

ACCA/ACPC (Advanced Certified Court Administrator/Advanced Certified Prosecutor Clerk) **Yes:** ☐ **Year Received:** _____

Current Title/Position _____

Municipal: ☐ **Associate:** ☐ **Circuit:** ☐ **Other:** ☐ _____

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

MAKE CHECK PAYABLE TO : WACA

MAIL TO: Kami Grimshaw
Grandview Municipal Court
1200 Main ST
Grandview, MO 64030
WACA.Treasury@gmail.com

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.