



# AWC Affiliate Membership Application Form (Local Government Personnel Institute – LGPI)

Jurisdiction: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Effective Date of Membership: \_\_\_\_\_

In addition to the person above, send AWC mailings to the following (total of 4 per agency):

1. Name: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_

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

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

Number of full-time and part-time employees in your jurisdiction: \_\_\_\_\_

**Annual Membership Fee:** \$ \_\_\_\_\_

*[Based on number of employees: **\$750** (1000 or more employees);  
**\$500** (200-999 employees); or **\$350** (fewer than 200 employees)]*

Payment enclosed (make check payable to AWC)

Please bill us

**Return form to:** **AWC Affiliate Membership Program**  
**1076 Franklin Street SE**  
**Olympia, WA 98501**