

**2010-2011 MEMBERSHIP APPLICATION (Cont.)
(October 2010 – September 2011)**

MEMBER REFERRAL LISTING & SPEAKERS BUREAU

Would you like your practice to be included on the WAMDA member referral listing? Or be listed as a potential speaker for the community? If so, please fill out the following information:

Contact Information to List (your name, address, telephone and e-mail): _____

Business Name: _____

Areas of Counseling and Speaking Specialty: _____

Other Relevant Information (bilingual, services, website, blog, etc.) _____

PROGRAM PLANNING SURVEY

Interested in having a speaker on a specific topic? If so, please write in a specific topic or speaker.

1. _____

2. _____

Mail By: September 23, 2010

Dues: \$20.00 (\$25.00 if mailed after 9/30/10)

Students and Retired members: \$10.00 (\$15.00 if mailed after 9/30/10)

Make checks payable to: WAMDA

Send dues to:

**WAMDA
c/o Corresponding Secretary
5 King Road
Somers, CT 06071**

RECRUIT AND SAVE \$5 FOR BOTH YOU & THE NEW/LAPSED MEMBER!!